

BIRTH REGISTRATION NEED IN NATION WIDE MOVEMENT TO SAVE LIVES OF BABIES!

(This is the third of a series of articles by Miss Julia C. Lathrop, who as chief of the children's bureau of the United States department of labor, Washington, is devoting her life to the study of infant welfare. The Day Book has arranged for the full co-operation of the bureau, as well as the personal attention of Miss Lathrop in conducting a baby-saving campaign for Chicago.)—Editor.

BY JULIA C. LATHROP

(Chief of the Children's Bureau, U. S. Department of Labor.)

The birth record is a safeguard for the newly born child. It furnishes to the health officer and the visiting nurse the name and address of every baby, and the community is thus enabled to send to the family in adverse circumstances a knowledge of hygiene and sanitation which may save the life of the child.

Dr. S. Josephine Baker, director of the bureau of child hygiene of the New York city department of health, says:

"The birth record is perhaps the starting point of about 75 per cent of our effective baby-saving work.

* * * Under the present system we use the information contained on the birth returns in order that a nurse may be sent at once to see the mother and put her in touch with the various agencies that may be of service to her and at the same time give her instruction in baby care."

Dr. W. C. Woodward, health officer of the District of Columbia, describes in the following paragraph the reduction in the infant death rate which has taken place in the district within the last few years. It will be seen that the registration of births furnishes the indispensable starting point of his work:

"In the District of Columbia between 1907 and 1912 death rates of

white infants in the first year of life living on streets fell from 121 to 100, and among those living in alleys from 213 to 98; and among colored infants living on streets from 299 to 269, and among those living in alleys from 307 to 262. These rates are computed on the basis of population corresponding in each instance in age, race and location.

"Unfortunately the births registered in the district during the years named were not distributed according to alley and street residence of the mothers, and death rates cannot be computed on the number of children born.

"That the diminished mortality is not as a whole due to the diminution in the number of births is shown, however, by the fact that from 1907 to 1912 the death rate of all white infants, computed on the basis of reported births, fell from 113 to 90, and the death rate of colored infants, similarly computed, fell from 263 to 208.

"No one will deny, of course, that many factors tending to decrease infant mortality have been operative during the period covered by the foregoing statement. Certainly, however, some weight must be given to the fact that as early as 1907 the health department of the district began sending to the mother of each child born, upon the receipt of the birth report, printed instructions relative to the care of her baby and that in 1908 the health department arranged for nurses in the service of the Instructive Visiting Nurses' society to visit promptly every baby reported as having been born under the administrations of a midwife and certain other cases where there was reason to believe that the child had been born amid destitution and ignorance, and these measures for the prevention of infant mortality have been kept up ever since."

Ophthalmia neonatorum, or blind-