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“Something Wasn’t Clean”: Black Midwifery, Birth, and Postwar Medical Education in *All My Babies*

WANGUI MUIGAI

SUMMARY: Set in rural Georgia, the 1953 health film *All My Babies: A Midwife’s Own Story* was a government-sponsored project intended as a training tool for midwives. The film was unique to feature a black midwife and a live birth at a time when southern health officials blamed midwives for the region’s infant mortality rates. Produced by the young filmmaker George Stoney, *All My Babies* was praised for its educational value and, as this article demonstrates, was a popular feature in postwar medical education. Yet as it drew acclaim, the film also sparked debates within and beyond medical settings concerning its portrayal of midwifery, birth, and health care for African Americans. In tracing the controversies over the film’s messages and representations, this article argues that *All My Babies* exemplified the power and limits of health films to address the complexities of race and health during an era of Jim Crow segregation.

KEYWORDS: midwives, African American, race, birth, education, film, South

In the 1950s, “Miss Mary” Coley, an African American lay midwife from rural Georgia, educated audiences around the world through her starring role in *All My Babies: A Midwife’s Own Story*. Directed by the young white filmmaker George Stoney and sponsored by the Georgia Department of Public Health, U.S. Children’s Bureau, and Association of American Medical Colleges (AAMC), the fifty-five-minute training film modeled prenatal

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care and delivery techniques. Upon its release in January 1953, midwives throughout the South watched and discussed the feature in their state-mandated classes. Through the 1960s, hundreds of screenings took place in medical and nursing schools, maternity clinics, hospitals, and mothers' clubs across the country, with more copies distributed to health agencies internationally. As the film traveled it received widespread acclaim, appearing in film festivals and earning the Robert J. Flaherty Award in 1953, at the time considered the "equivalent of an Oscar among documentary films."¹ More recently, in 2002 the Library of Congress selected the "landmark educational film" for preservation in its National Film Registry.² The newly opened Smithsonian National Museum of African American History and Culture in Washington, D.C., includes a video-loop installation—a testimony to Miss Mary's lasting contributions to black culture and health education.³

All My Babies is a remarkable portrait of a midwife who is proud of her work and respected in her community. At the same time, it lays bare the conditions of rural black health care in the Jim Crow South and the fraught relationship between black midwives and white medical professionals in the mid-twentieth century. The film also helps us see the pivotal role of health training films in the postwar period, as multiple institutions collaborated on *All My Babies* to further different agendas including midwifery training, medical education, and propagating the achievements of American medicine to foreign audiences. Yet while Stoney was collaborating with Georgia health officials to create this educational tool, those same officials were keeping detailed records on black midwives and aggressively investigating any deliveries that resulted in maternal or infant deaths. Such "black marks" on midwives' records could lead to revoked licenses and threats of fines or imprisonment, creating an intimidating environment for midwives to practice.⁴ Thus even as the film accrued global reach, in

1. "Georgia Film Wins Documentary Honor," "History of All My Babies" folder (hereafter History Folder), box RCB 23779, Georgia Archives (hereafter GA).

2. "Librarian of Congress Adds 25 Films to National Film Registry," News Release, December 17, 2002.

3. Kathleen M. Kendrick, *Official Guide to the Smithsonian National Museum of African American History and Culture* (Washington, D.C.: Smithsonian Books, 2017), 98.

4. George Stoney, "All My Babies: Research," in Robert Hughes, *Film: Book I: The Audience and the Filmmaker* (New York: Grove Press, 1959), 79–96, quotation on 84; John Foote, "Legislative Measures against Maternal and Infant Mortality: The Midwife Practice Laws of the States and Territories of the United States," *Amer. J. Obstet. Dis.* 80, no. 5 (1919): 534–51.

its most local setting it was meant to educate, even elevate, the very group the film's sponsors strove to eliminate.

This underlying contradiction was not an anomaly, but constitutive of a number of tensions, for it turned a spotlight on black lay midwifery as simultaneously a source of community pride and professional distrust. In an early scene, a white male physician confirms Coley's assessment of a high-risk pregnancy as he indicates on a patient chart the sharp rise in the expectant mother's weight and blood pressure. The patient's urine was also abnormal, appearing in the test tube sample "cloudy, full of albumin," Coley observes, "instead of water clear, like a well mother's."⁵ With textbook signs of preeclampsia that the film's intended viewers would have recognized, the patient agrees to have the physician, rather than midwife, attend her delivery. Throughout the consultation Coley and the doctor work as a team, drawing on the same medical language and tools to examine the expectant mother. However, this collegial encounter belied the real-life experiences of many black midwives, especially in Georgia. Another scene depicted a more likely interaction: a health officer informs a midwife class that a baby recently delivered by one of them had died. The cause of death, he determined, was an infection of the umbilical cord. Warning the group, "you all know what that means . . . *something wasn't clean*," he lists the actions that led to the newborn's death, attributing each fatal mistake to the midwife. These two scenes illuminate the film's portrayal of the midwife both as a model and as someone to subordinate. As this article shows, the collaborations between Coley, Stoney, and the film's sponsors revolved around reconciling conflicting ideas about race and midwifery.

Through a close analysis of *All My Babies* and the decisions made throughout production and distribution, this essay argues that in placing black midwives at its center, the film charted a new course in helping audiences visualize the importance of cleanliness, science, and authority in public health. Second, it argues that although originally intended for "illiterate" black midwives, the film transcended this initial goal; indeed, the film's trajectory from the early 1950s into the 1960s reveals how and why childbirth education shifted from an aid for teaching midwives into a training tool for medical education more broadly. Finally, this article argues that the film's educational value over this period reached beyond

5. All quotations from the film are based on my online viewing, retrieved from the Library of Congress, www.loc.gov/item/2017604960/, and the print copy available in the George C. Stoney Papers 4970, Southern Historical Collection, Wilson Library, University of North Carolina at Chapel Hill (hereafter SP).

medical training, revealing the power of health films to expose, to remedy, and also, at times, to reflect racial prejudice.

The history of midwifery in the United States has been marked by intersecting tensions of race, gender, and class.⁶ As several historians have shown, black midwives have long stood as pillars in their communities, providing vital health care from slavery through the twentieth century as government and organized medicine remained largely reluctant to address the health needs of poor, rural African Americans.⁷ Yet despite this rich scholarship, *All My Babies* has been largely absent in historical accounts of midwifery and of African American health care. The few media scholars who have written on the film have focused mainly on its production and aesthetic dimensions.⁸ Less is known about the medical and educational motivations shaping the film's creation and circulation. To analyze the film's instructional aims, this article draws on archival mate-

6. Some key works include Judy Barrett Litoff, *American Midwives, 1860 to the Present* (Westport, Conn.: Greenwood, 1978); Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (New York: Free Press, 1977); Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York: Oxford University Press, 1986); and Frances E. Kobrin, "The American Midwife Controversy: A Crisis of Professionalization," *Bull. Hist. Med.* 40, no. 4 (1966): 350–63.

7. On black midwives, see Linda Janet Holmes, "African American Midwives in the South," in *The American Way of Birth*, ed. Pamela S. Eakins (Philadelphia: Temple University Press, 1986), 273–91; Susan Lynn Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890–1950* (Philadelphia: University of Pennsylvania Press, 1995); Smith, *Japanese American Midwives: Culture, Community, and Health Politics, 1880–1950* (Urbana: University of Illinois Press, 2005), 31–59; Gertrude Jacinta Fraser, *African American Midwifery in the South Dialogues of Birth, Race, and Memory* (Cambridge, Mass.: Harvard University Press, 1998); Fraser, "Modern Bodies, Modern Minds: Midwifery and Reproductive Change in an African American Community," in *Conceiving the New World Order: The Global Politics of Reproduction*, ed. Faye D. Ginsburg and Rayna Rapp (Berkeley: University of California Press, 1995). On black women as health care providers more broadly, see Susan M. Reverby, "Rethinking the Tuskegee Syphilis Study: Nurse Rivers, Silence and the Meaning of Treatment," *Nursing Hist. Rev.* 7 (1999): 3–28; Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890–1950* (Bloomington: Indiana University Press, 1989); Hine, "Taking Care of Bodies, Babies and Business: Black Women Health Professionals in South Carolina, 1895–1954," in *Writing Women's History: A Tribute to Anne Firor Scott*, ed. Elizabeth Payne (Jackson: University Press of Mississippi, 2011), 117–41; Vanessa Northington Gamble, "'Outstanding Services to Negro Health': Dr. Dorothy Boulding Ferebee, Dr. Virginia M. Alexander, and Black Women Physicians' Public Health Activism," *AJPH* 106, no. 8 (2016): 1397–404; Charissa J. Threat, *Nursing Civil Rights: Gender and Race in the Army Nurse Corps* (Urbana: University of Illinois Press, 2015).

8. Lynne Jackson, "The Production of George Stoney's Film, 'All My Babies: A Midwife's Own Story' (1952)," *Film Hist.* 1, no. 4 (1987): 367–92; Kirsten Osther, *Medical Visions: Producing the Patient through Film, Television, and Imaging Technologies* (New York: Oxford University Press, 2013), 125–32; Stephen Charbonneau, *Projecting Race: Postwar America, Civil Rights, and Educational Documentary Film* (New York: Wallflower Press, 2016), 19–32.

rials surrounding the film's making alongside scholarship exploring how pedagogic goals and cultural norms become embedded and entangled in health films.⁹ Using public health reports and state investigative records, this article also situates the film's postwar agendas within larger twentieth-century debates over midwifery. And by looking to contemporaneous visual representations of race, it contextualizes the film's portrayal of African American health. As concerns about and praise for *All My Babies* reveal, there is an irony in the film's success and original goal of improving black health, for its popularity dramatically exposed the reality of African Americans' second-class care.

Black Maternal and Infant Health in Rural Georgia

All My Babies was meant to address a dilemma facing Georgia health officials in the 1950s: midwives still attended the majority of black births despite efforts to persuade mothers to seek the care of physicians.¹⁰ That black women continued to call on midwives spoke to the enduring importance of midwifery in southern black communities, even as health officials blamed midwives for infant and maternal deaths. Beginning at the turn of the twentieth century, the practice was increasingly attacked by physicians who viewed midwives as a "problem"—untrained, dirty, and even criminal.¹¹ What started as a broad campaign against all midwives

9. Martin S. Pernick, *The Black Stork: Eugenics and the Death of "Defective" Babies in American Medicine and Motion Pictures since 1915* (New York: Oxford University Press, 1996); Pernick, "Thomas Edison's Tuberculosis Films: Mass Media and Health Propaganda," *Hastings Cent. Rep.* 8, no. 3 (June 1978): 21–27; Lisa Cartwright, *Screening the Body: Tracing Medicine's Visual Culture* (Minneapolis: University of Minnesota Press, 1995); Leslie J. Reagan, Nancy Tomes, and Paula A. Treichler, eds., *Medicine's Moving Pictures: Medicine, Health, and Bodies in American Film and Television* (Rochester, N.Y.: University of Rochester Press, 2007); David Cantor, "Uncertain Enthusiasm: The American Cancer Society, Public Education, and the Problems of the Movie, 1921–1960," *Bull. Hist. Med.* 81, no. 1 (2007): 39–69; Reagan, "Engendering the Dread Disease: Women, Men, and Cancer," *AJPH* 87, no. 11 (1997): 1779–87; Keith Wailoo, *How Cancer Crossed the Color Line* (New York: Oxford University Press, 2011), 66–89; David Harley Serlin, ed., *Imagining Illness: Public Health and Visual Culture* (Minneapolis: University of Minnesota Press, 2010); Christian Bonah, David Cantor, and Anja Laukötter, eds., *Health Education Films in the Twentieth Century* (Rochester, N.Y.: University of Rochester Press, 2018); Ostherr, *Medical Visions* (n. 8).

10. Thomas J. Ward Jr., *Black Physicians in the Jim Crow South* (Fayetteville: University of Arkansas Press, 2003); Karen Kruse Thomas, *Deluxe Jim Crow: Civil Rights and American Health Policy, 1935–1954* (Athens: University of Georgia Press, 2011), 69.

11. Joe Bowdoin, "The Midwife Problem," *JAMA* 91, no. 7 (August 18, 1928): 460–62; Kobrin, "American Midwife Controversy" (n. 6); Leslie J. Reagan, "Linking Midwives and Abortion in the Progressive Era," *Bull. Hist. Med.* 69, no. 4 (1995): 569–98.

became increasingly racialized and regionalized to target black midwives in the South, European immigrant midwives in the North and Midwest, Hispanic *parteras* in the Southwest, and Japanese *sanbas* in the West.¹² By midcentury, southern health officials remained concerned that high mortality rates and the prevalence of lay midwives reinforced an image of the region as backward.

In the area where Coley lived, black midwives attended over 80 percent of African American deliveries. Only four black physicians served the town's nearly ten thousand black residents, and only five black nurses worked within the county.¹³ Even as federal dollars for hospital construction poured into the South through the 1946 Hill-Burton Act, medical facilities such as Atlanta's Grady Memorial Hospital remained deeply segregated and inaccessible to African Americans living far from urban centers.¹⁴

Recognizing the dearth of obstetrical practice in rural black communities, states like Georgia used federal funding beginning with the Sheppard-Towner Act of 1921 to standardize the care midwives provided.¹⁵ To be certified to practice, midwives had to attend classes led by nurse supervisors.¹⁶ There, they learned hygienic techniques and preventative health measures. Importantly, any midwife found to have a venereal disease or be "not cleanly as to person, clothing or equipment" risked having her certification denied or revoked.¹⁷ Regulations continued to tighten as Georgia established more local health departments, enabling officials to keep county-by-county tabs on midwives and push out those deemed unfit to practice.¹⁸ The increased surveillance succeeded in driving down the number of midwives; Georgia's nearly 3,000 registered midwives in 1930 dropped to 1,322 by 1950.¹⁹

12. Smith, *Japanese American Midwives* (n. 7), 42; Felina M. Ortiz, "A History of Midwifery in New Mexico: Partnership Between *Curandera-parteras* and the New Mexico Department of Health," *J. Midwifery & Women's Health* 50, no. 10 (2005): 411–17.

13. Division of Vital Statistics, *Georgia Natality and Mortality Statistics* (Atlanta: Georgia Department of Public Health, 1950); Paul B. Cornely, "Distribution of Negro Physicians in Urban Communities with Less Than 50,000 Negroes in 1942," *JNMA* 37, no. 3 (1945): 81–86.

14. Kruse Thomas, *Deluxe Jim Crow* (n. 10), 173–74.

15. Bowdoin, "Midwife Plan" (ca. early 1940s), History Folder, GA.

16. Thomas Franklin Abercrombie, *History of Public Health in Georgia 1733–1950* (Atlanta: Georgia Division of Public Health, 1951), 107–8.

17. Georgia Department of Public Health, *Midwife Regulations*, June 1949, folder 671, box 25, SP.

18. Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987), 169, 276–77.

19. Elizabeth Tandy, *The Health Situation of Negro Mothers and Babies in the United States: A Brief Statement of Health Status, Health Services, and Needs* (Washington, D.C.: U.S. Department

With the number of midwives dwindling, black women took advantage of public health programs established through the 1935 Social Security Act Titles V and VI, which appropriated funds specifically for maternal and child health, and the wartime Emergency Maternity Infant Care Program, which provided free health care for wives and infants of servicemen.²⁰ By the 1940s, fourteen thousand African American women—ten times more than white women—visited Georgia’s 181 prenatal clinics, the most public clinics operated by any state in the South.²¹ Expectant mothers living in Dougherty County, where *All My Babies* was filmed, had access to a local clinic, but it was open to black women only on Friday mornings.²² Given such segregated policies, infant mortality continued to be viewed along racial lines. In 1952 the disparity between white and black rates in Georgia—23.6 and 44.8 (out of 1,000 births), respectively—closely followed national trends.²³

Thus, as Georgia health officials began collaborating with Stoney in the early 1950s, midwives still served a vital need, mortality rates remained a concern, and clinics had become important health care sites for black mothers and infants.²⁴ Georgia’s officials were committed to “reduc[e] the number of midwives and increase greatly the efficiency of those we retain.” Following the war, film emerged as a promising, technological solution to educate midwives they considered “illiterate” and “definitely not teachable” through conventional means of textbooks and lectures.²⁵

Collaborating to Make a Health Film

All My Babies had several instructional aims, reflecting the broad scope of work midwives performed and the multiple expectations placed on them. Officials in Georgia’s Division of Maternal and Child Health gave Stoney

of Labor, Children’s Bureau, July 1940), 1–9; “Georgia Planning New Program to Rid Midwifery of Dangers,” *Augusta Chronicle*, October 6, 1950, 8B; “Georgia Department of Public Health Presents ‘All My Babies’ for the Children’s Bureau Staff and Guests,” January 28, 1953, History Folder, GA.

20. Philip F. Williams, “Maternal Welfare and the Negro,” *JAMA* 132, no. 11 (1946): 611–14.

21. Beardsley, *History of Neglect* (n. 18), 167; Kruse Thomas, *Deluxe Jim Crow* (n. 10), 86.

22. Dougherty County Health Clinic Pamphlet, folder 672, box 25, SP.

23. Robert D. Grove and Alice M. Hetzel, *Vital Statistics in the United States, 1940–1960* (Washington, D.C.: Government Printing Office, 1968), 206–18.

24. Georgia Department of Public Health, *Clinicians Manual for Prenatal and Well-Child Conferences* (Atlanta: Georgia Department of Public Health, 1951); Beardsley, *History of Neglect* (n. 18), 276–77.

25. Bowdoin, “Midwife Plan” (n. 15), 1.

a list of over one hundred teaching points to convey. Stoney integrated them into a story line that followed Coley from the time she “takes the case” and agrees to provide her midwifery services to when the newborn is taken to its first well baby checkup at the age of six weeks.²⁶ Coley works with two women through this process, guiding them through pregnancy, childbirth, and postnatal care. The first mother, Ida Flemming, is well prepared and cooperative. Already the mother of two healthy children that Coley delivered, Ida keeps a clean, inviting home, complete with a devoted husband and mother-in-law who has come to help out with the new baby. Ida’s birth experience, captured in full detail, is ideal. The second woman, Marybelle Dudley, lacks Ida’s resources and outlook, and as a result has a very different journey to motherhood. She comes to Coley scared. Although this is also her third pregnancy, her first ended in a stillbirth and the second “dropped” before she got far along. Marybelle engages Coley late in her pregnancy, neglects her health, and has not bothered to arrange a layette as she and her husband are convinced “this baby’s coming dead anyway.” Georgia health officials wanted expectant mothers to be as ready as Ida, but needed midwives to be able to help those in difficult circumstances like Marybelle. By interweaving these two stories, the film underscored the midwife’s responsibility to manage both easy and hard cases to ensure the health of mother and child.

The collaboration between Georgia health officials and Stoney reflected a postwar trend in enlisting a team of medical, cinematic, and educational experts to create effective films. The unprecedented use of movies for training, research, propaganda, and morale during World War II spurred a boom in the production of educational films as millions of Americans became accustomed to teaching with film and learning from it.²⁷ *All My Babies* encompassed several features of postwar educational films. Borne out of a collaboration between film and medical professionals, it communicated a set of discrete teaching points, was restricted to specific audiences, and was intended to stimulate classroom discussion and inculcate new behaviors.

26. Report of Committee Meeting, October 2, 1951, folder 105, box 4, SP; “Georgia Department of Public Health Presents ‘All My Babies’” (n. 19).

27. On the use of cinema in medicine in the postwar years, see Adolf Nichtenhauser, “A History of Motion Pictures in Medicine” (unpublished manuscript, ca. 1950), box 1, Adolf Nichtenhauser History of Motion Pictures in Medicine Collection, Modern Manuscripts Collection, History of Medicine Division, National Library of Medicine, Bethesda, Md., MS C 380. On educational film more broadly, see Charles R. Acland and Haidee Wasson, eds., *Useful Cinema* (Durham, N.C.: Duke University Press, 2011); Devin Orgeron, Marsha Orgeron, and Dan Streible, *Learning with the Lights Off: Educational Film in the United States* (New York: Oxford University Press, 2012).

To this project, Stoney brought his experience writing and directing health films, and drew on his familiarity working in interracial settings. One of his first jobs out of college was conducting field research for Ralph Bunche, chair of the political science department at the historically black Howard University, who hired Stoney to investigate political participation in the South.²⁸ Bunche drew on Stoney's detailed field reports to write "The Political Status of the Negro," one of several essays Bunche authored as part of the research used in Gunnar Myrdal's landmark study *An American Dilemma: The Negro Problem and Modern Democracy* (1944). As a North Carolina native who considered himself "a revolting son of a conservative Southern father," Stoney believed gaining the support of both whites and blacks was critical for improving race relations.²⁹ The consultants he recruited for *All My Babies* reflected his liberal racial politics. Two white nurse-midwives oversaw the teaching points and worked with the black midwives featured in the film. And Stoney relied heavily on Dr. William A. Mason—a black physician trained at Meharry Medical College and Yale, who ran Georgia's Office of Health Education for Negroes—to maintain "smooth relations" between the film crew and the town's white and black residents.³⁰

As an arm of the American Association of Medical Colleges that operated from 1949 to 1958, the Medical Audio-Visual Institute (MAVI) mediated the relationship between the medical and the cinematic aspects of the film, representative of a wave of postwar institutions promoting the use of audiovisual aids in education.³¹ MAVI's director, Dr. David Ruhe, placed great faith in the latest technologies to better situate film for classrooms, believing such tools could usher in a "small revolution" in medical education.³² In addition to helping medical schools prepare students for a profession that was becoming increasingly specialized and research-oriented, MAVI offered film services to medical organizations, health agencies, and pharmaceutical companies.³³ It also sent films to

28. Ralph Bunche to Stoney, November 30, 1939, folder 11, box 29, Ralph Bunche Papers, Schomburg Center for Research in Black Culture, New York Public Library, New York.

29. Stoney to Bunche, March 15, 1940, folder 11, box 29, Bunche Papers.

30. Stoney to Guy Rice, November 20, 1951, History Folder, GA.

31. Kirsten Ostherr, "Health Films, Cold War, and the Production of Patriotic Audiences: *The Body Fights Bacteria* (1948)," in Acland and Wasson, *Useful Cinema* (n. 27), 103–22.

32. Edward W. Kellogg, "History of Sound Motion Pictures," *J. Soc. Motion Picture & Television Engin.* 64, no. 7 (1955): 422–37; David S. Ruhe, "Medical Education and Magnetic Sound-on-Film," *J. Med. Educ.* 27, no. 3 (1952): 184–92, quotation on 192.

33. "Medical Education in Time of National Emergency," *JAMA* 144, no. 13 (1950): 1111–15; "Report of the Director of the Medical Audio-Visual Institute," Minutes of the Proceedings, Association of American Medical Colleges, Sixty-Third Annual Meeting,

the U.S. State Department, a major funder of MAVI's programs, as part of the government's diplomatic agenda to propagate "the real United States" to other nations by highlighting the achievements of American medicine.³⁴ *All My Babies* was one of these films sent abroad to England, Sweden, Venezuela, Brazil, Costa Rica, Panama, Lebanon, Liberia, Tanzania, Seychelles, Thailand, and the Philippines.³⁵ MAVI's postwar efforts to broaden the reach of health films, bridging urban-rural as well as national divides, testified to a "widespread belief in the power of motion pictures to educate and mobilize."³⁶

Finding the Model Midwife: The Role of Spiritual and Maternal Authority

All My Babies stood apart from health training films of the era in that it featured a black midwife, not a male doctor or white nurse, as a model health care provider. Stoney and Dr. Mason interviewed over twenty midwives across Georgia for the unique role, an extensive vetting process indicative of the multiple criteria they held, in which a midwife's standing with local health officials mattered, and even her physical appearance and religious beliefs were judged.³⁷ The woman they ultimately chose was Mary Francis Hill, the youngest of four children and only surviving twin, born to sharecroppers in Baker County on August 15, 1900. Mary's parents died when she was young and she spent her childhood in the care of relatives. She left school in third grade and began working as a young nursemaid, eventually marrying Ashley Coley, a carpenter, and moving to Albany in 1930.³⁸ Left to raise ten children on her own after her husband

November 10–12, 1952, 60–61; Kenneth M. Ludmerer, *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care* (Oxford: Oxford University Press, 2005), 126–35; Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 335–78.

34. "American Medical Films for the Medical Profession Abroad," *J. Med. Educ.* 27, no. 2 (1952): 125; Mark D. Bowles and Virginia P. Dawson, *With One Voice: The Association of American Medical Colleges, 1876–2002* (Washington, D.C.: Association of American Medical Colleges, 2003), 62.

35. Helen Bellhouse to Dorothy Oshlag, December 16, 1952, History Folder, GA; Oshlag to Nell Enloe Smith, June 12, 1957, Correspondence folder; Memo from Oshlag to Rice and Bellhouse, October 1, 1953, Correspondence folder, GA.

36. Michael Sappol, "Public Health and War," National Library of Medicine, <https://www.nlm.nih.gov/hmd/digicolls/phfgtw/essay.html>.

37. Stoney to Rice, November 20, 1951, History Folder, GA.

38. Mary Francis Hill Coley Endowed Scholarship Program Pamphlet, folder 113, box 5, SP.

abandoned the family, she took up practical nursing and, with encouragement from a local public health nurse, trained to be a midwife.³⁹ When Stoney and Dr. Mason met Coley in 1951 she had built up a busy practice, delivering over fourteen hundred babies across Dougherty County's three hundred square miles and neighboring Lee, Mitchell, and Worth counties, all in the southwest of Georgia. But despite Coley's reputation and high recommendation from local health officials, Stoney hesitated to cast her, finding her too heavysset and worrying she would "perpetuate the Aunt Jemima stereotype."⁴⁰ Film viewers in the 1950s would have associated that role with Hattie McDaniel, the black actress famous for her Academy Award-winning performance as Mammy in *Gone with the Wind* (1939). One of the most recognizable actresses of her time, McDaniel was criticized for performing caricatured roles, and Stoney may have feared similar controversy shadowing his project. Without resembling McDaniel's outspoken Mammy character, Coley's cinematic representation still placed her among other, contemporaneous film depictions of black women. And the decision to cast her continued a black cultural tradition of younger midwives learning from experienced, "granny" midwives.

Coley's role in the film highlighted the importance of religion in communicating health information to black audiences. Filmmakers drew heavily on tropes of black religion—the charismatic leader, faithful congregants, and singing of spirituals—to represent black life and culture.⁴¹ Health films presented the church as the place African Americans go to receive authoritative advice. In *Feeling All Right*, a 1948 syphilis film that Stoney, Dr. Mason, and composer Louis Applebaum all worked on, a black female health worker visits a rural church to spread "the gospel of good health."⁴² Health officials saw the black church as a key venue for reaching African Americans, with even the American Medical Association (AMA) recommending that another of Stoney's films, *Palmour Street* (1949), be shown in the "Negro church" to encourage public discussions about family life and mental health.⁴³

39. Stoney to Bernard Coley, November 3, 2003, folder 112, box 5, SP.

40. Stoney, "All My Babies" (n. 4), 88–89.

41. On the use of religion in cinema as a "natural" way to represent African American life, see Judith Weisenfeld, *Hollywood Be Thy Name: African American Religion in American Film, 1929–1949* (Berkeley: University of California Press, 2007).

42. Mississippi State Board of Health and Southern Educational Film Production Service, *Feeling All Right* (1948), viewed as a DVD at the National Library of Medicine, History of Medicine Division.

43. "Review of Palmour Street: A Study in Family Life," *JAMA* 146, no. 13 (1951): 1255.

In *All My Babies*, Coley is the spiritual figure families turn to for counsel. She was deeply religious, and agreed to work on the film only after discussing the matter with her pastor, Bishop Noah Nothing of the Church of the Kingdom of God.⁴⁴ Before production began Stoney accompanied Coley on midwife calls and Sunday church services, and gave offerings to her Pentecostal church. Their long conversations on religion (Stoney's father had served as a minister in North Carolina) spilled into their written correspondence, with Coley praising the "Father in the highest" for making the film "a success."⁴⁵ Religion was a guiding force in Coley's life and for many black midwives who saw their vocation as a spiritual calling.⁴⁶

But portraying the spiritual dimensions of black midwifery had the potential to cut against the film's aim of showing the midwife as guided by scientific rather than religious doctrine. Toward the end of production Stoney removed a church scene, fearing it strayed too far from the film's training objectives. The religious valences remained, however, in the musical score. Musical director Applebaum composed a soundtrack based on hymns Coley sang in her church, and he worked with an all-black choir to adapt them for recording.⁴⁷ The hymn "Good News" appears throughout the film, a celebration of the sacred and familial joys of birth:

We gota brand-new baby a-comin'
 Ain-a that good news?
 We gota brand-new baby a-comin'
 Ain-a that good news?
 Be a joy to this world;
 And I'll hold him close to my heart.
 'Cause he's the very image of Jesus,
 Ain-a that good news?⁴⁸

Such allusions to Coley's work as sacred placed her as part Mother Mary figure, as her name evoked, and part medical missionary spreading her "good news."⁴⁹ The spiritual references also worked to bolster Coley's

44. The Church of the Kingdom of God is a branch of African American churches founded in 1950 and based in southern Georgia and Florida. See Sherry S. DuPree, *African-American Holiness Pentecostal Movement: An Annotated Bibliography* (New York: Routledge, 1996), 325.

45. Mary Coley to Stoney, May, 21, 1952, folder 105, box 4; Stoney interview with Danny Walkowitz, November 13, 1995, folder 185, box 7, SP.

46. Holmes, "African American Midwives in the South" (n. 7), 273–91.

47. Stoney to Louis Applebaum, December 3, 1951, file 1979-002-001[03], Louis Applebaum fonds, York University Archives, Toronto.

48. "Good News" song lyrics, folder 101, box 4, SP.

49. David Cantor, "Choosing to Live: Cancer Education, Movies, and the Conversion Narrative in America, 1921–1960," *Lit. Med.* 28, no. 2 (2009): 278–332.

standing among midwives who believed they were doing God's work. In the film, when Ida's mother-in-law declares new mothers should stay away from meat and greens, Coley discredits this "clear case of old-fashionitis," emphasizing that Ida's diet should remain balanced during confinement. And when Marybelle tries to give birth on the floor, Coley deems it "dangerous" and guides the laboring mother to a bed. Through these exchanges Coley demonstrates the ways black midwives could be an agent of, rather than the antithesis to, modern health care, leading the black newspaper the *Atlanta Daily World* to declare that "far from being a passing relic" midwives like Coley took pride in practicing "a scientific profession."⁵⁰ Her combination of faith, maternal authority, and health knowledge established Coley as an informed and upstanding member of her community who could be trusted to care for others.

Health officials were willing to portray a black midwife as faithful and responsible, but hesitated to acknowledge both her training and their dependence on her labor. In the opening voice-over Dr. Mason introduces Coley to viewers, simply, as a midwife "who helps people." Stoney insisted Coley should not be referred to as a "granny" midwife, fearing connotations of old-fashioned, folk practices. At the same time Marian Cadwalader and Hannah Mitchell, the white nurse-midwives serving as technical consultants on set, objected to calling Coley a "registered" midwife as they worried it undermined the distinction between lay practitioners and nurse-midwives who had formal school training.⁵¹ The question of how to convey a midwife's training was more than a debate over a technical detail. In deliberating the appropriate way to credit Coley's expertise, the production team struggled to ensure her training would be legible in states beyond Georgia with different licensing standards, while also reassuring nurses and physicians that lay midwives did not pose a professional threat.

A similar ambiguity existed in the film's representation of midwifery as a form of labor. Coley's clients "pay" her with photographs of their babies which she proudly displays in her home. Including such a gift exchange enabled nurses and doctors to assume black midwives were willing to receive payments in kind, rather than viewing them as trained practitioners who demanded, and deserved, monetary compensation. By the 1940s, Georgia health officials privately conceded that any midwife willing to work with them had "increased her responsibilities without increasing

50. "The Flaherty Award," *Atlanta Daily World*, February 4, 1954, 6.

51. Hannah D. Mitchell to Stoney, September 12, 1952, History Folder, GA; Stoney to Rice, November 10, 1951, folder 105, box 4, SP; Laura Elizabeth Ettinger, *Nurse-Midwifery: The Birth of a New American Profession* (Columbus: Ohio State University Press, 2006).

her earning power . . . our more intelligent midwives already realize that some of our practices represent definite exploitation.”⁵² As the debates over Coley’s on-screen representation reveal, while health officials promoted an image of the midwife as trustworthy and knowledgeable, they remained unwilling to acknowledge their role in exploiting her work.

In reality Coley struck a fine balance as a businesswoman and public servant. Dougherty County residents would see her strapping mattresses to her car and bringing clothes and meals to struggling families. Alongside these charitable acts, Coley made a living by charging for her midwifery skills. One of the first things Stoney and Dr. Mason learned about her was that she delivered half of the babies in her area and typically received thirty dollars to do so, nearly double the fee of other midwives and higher than what some white physicians in the area charged.⁵³ Coley owned her home, had a car, telephone, and assistant, and kept extra supplies ready for emergencies—all markers of a successful practice.⁵⁴ Mothers who had their children delivered by Coley in the 1940s through 1960s recalled paying a hefty amount, as one woman swore, “You *had* to pay her 20, 25 dollars back in that time.”⁵⁵ Coley knew families saved up to afford her, and she was proud of her work, insisting to Stoney early on in production, “I don’t lose much on my collections; I makes them pay me.”⁵⁶ Yet another mother recalled that although Coley charged her five dollars, she had only two. Her inability to pay Coley did not compromise the care she received. She never forgot that Coley “came, every day she came just like we had gave her that five dollars” to check on the mother and newborn.⁵⁷ Other families could pay only in crops.⁵⁸ Coley was quite shrewd in managing her practice, knowing which families could afford her high price, which would struggle to come up with a couple dollars, and which needed all her support to get along. Dougherty County’s health officer acknowledged as much, informing Stoney and Dr. Mason, “Mary Coley

52. Bowdoin, “Midwife Plan” (n. 15), 14.

53. Stoney, “All My Babies” (n. 4), 88; Interview with Jurl Portee Watkins by Gregory Hunter, Sylvester, Ga., June 28, 1994, 43; *Behind the Veil: Documenting African-American Life in the Jim Crow South Digital Collection*, John Hope Franklin Research Center, Duke University.

54. Stoney, “Character Studies,” 20–21, folder 103, box 4, SP.

55. In 2007 Stoney revisited Albany and interviewed black and white women who had their children delivered by Coley. This quote comes from the short film based on this reunion. David Bagnall and George Stoney, *A Reunion of All My Babies* (2010), http://www.snagfilms.com/films/title/a_reunion_of_all_my_babies.

56. Stoney, “Character Studies” (n. 54), 22.

57. Bagnall and Stoney, *Reunion of All My Babies* (n. 55).

58. “The Mary F.H. Coley Endowed Scholarship Celebration,” May 10, 2003, folder 113, box 5, SP.

knows her business.”⁵⁹ The various ways Coley secured her compensation exemplified how midwives learned to negotiate their labor within their communities and with health officials.

Once Coley joined the project, she exerted a major influence on the film. She and Stoney developed the script together, with Stoney writing the dialogue based on her exchanges with patients.⁶⁰ One of her sons and three of her grandchildren had roles in the film, and Coley recruited several pregnant women for Ida’s character, a particular challenge as the role entailed giving birth on screen. Additionally, Stoney chose to shoot the film in Coley’s hometown of Albany, a place W. E. B. Du Bois half a century earlier had christened “the heart of the Black Belt” in his seminal *The Souls of Black Folk* (1903).⁶¹ The region’s once fertile, cotton-producing land had depreciated by the early twentieth century, and blacks who remained in Albany were well aware that Jim Crow laws coupled with economic hard times meant that even the smallest of actions could raise suspicion. According to Coley’s grandson, Bernard, “Who could move around after dark? Ministers and midwives. People recognized that they were on duty,” a revealing glimpse of the tense racial climate in which Coley lived and worked, and the revered standing of black midwives in Albany.⁶² Looking back, Coley thought fondly of the collaborative, interracial project, confiding to Stoney, “I am glad to know that ours efforts were not invain [*sic*], that is making the picture a success.”⁶³

Envisioning an Educational Tool

In addition to drawing inspiration from Coley’s life, part of the film’s influence came from a popular yet unexpected source. In December 1951, Stoney along with *Life* magazine’s five million subscribers read William Eugene Smith’s photo essay, “Nurse Midwife: Maude Callen Eases the Pain of Birth, Life and Death.” Smith had spent years on the frontlines of the Pacific theater documenting the horrors of World War II, and with the “Nurse Midwife” assignment he immersed himself in Hell Hole Swamp, South Carolina, chronicling the indispensable care Callen provided to

59. Jackson, “Production of George Stoney’s Film” (n. 8), 371.

60. Shooting Script, folder 104, box 4, SP.

61. W. E. B. Du Bois, *The Souls of Black Folk* (Chicago: A.C. McClurg, 1903), 113.

62. Elliot Margolies, “Link to the Past: Palo Alto Man’s Internet Search Opens Up the World of His Grandmother, a Black Midwife in the South,” *East Palo Alto Today*, February 26, 2006.

63. Coley to Stoney, May 21, 1952, folder 105, box 4, SP.

rural communities.⁶⁴ “Nurse Midwife” came from a very different context than the battlefield, but it too demonstrated the power of a strong visual narrative to shape public awareness. Callen trained as a nurse-midwife by taking courses in nursing, public health, and obstetrics; she was as far removed from a “granny” midwife, Smith wrote, as “aureomycin is from asafetida.”⁶⁵ While the two terms would have been equally foreign to *Life*’s mostly white, middle-class readers, Smith’s juxtaposition of asafetida, a yellow herb used in slave remedies, with aureomycin, a potent antibiotic discovered in the late 1940s from the golden yellow *Streptomyces* fungus, marked the distance the postwar midwife had traveled from practicing in an era of folk to scientific medicine.⁶⁶

Smith’s profile on Callen was a huge success, and inspired Stoney to envision his film reaching a broader audience beyond midwives. Like Smith, Stoney’s desire to capture “reality in exact detail” characterized a turn to documentary form and cinematic realism in the wake of the disillusioning effects of the war.⁶⁷ Stoney sent the *Life* feature to Peaslee Bond, a young cameraman with documentary film experience he sought to recruit for production. Bond found the piece “fascinating” but also expressed the need to use care and “diplomacy” in attempting a similar project.⁶⁸ Indeed, the black press and civil rights organizations such as the National Association for the Advancement of Colored People were vocal in criticizing caricatured portrayals of African Americans on screen.⁶⁹ And yet, black physicians saw promise in the power of medical films to expose racial prejudice. As a 1950 editorial in the *Journal of the National Medical Association*, the official organ of the largest medical association of black doctors, argued, “The identification of the medical profession with the vital concerns of birth and death” made medical films “an easy medium

64. Paul Hill and Thomas Cooper, “Interview with W. Eugene Smith (1977, an excerpt),” in *Photography in Print: Writings from 1816 to the Present*, ed. Vicki Goldberg (Albuquerque: University of New Mexico Press, 1988), 432–41; Dolores Flamiano, “Heroes of Hell Hole Swamp: Photographs of South Carolina Midwives by Hansel Mieth and W. Eugene Smith,” *Southern Cultures* 17, no. 2 (2011): 71–96.

65. William Eugene Smith, “Nurse Midwife,” *Life* 31, no. 23 (December 3, 1951): 134–45, quotation on 135.

66. Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002), 127; B. M. Duggar, “Aureomycin: A Product of the Continuing Search for New Antibiotics,” *Ann. N. Y. Acad. Sci.* 51, no. 2 (1948): 177–81.

67. Stoney, “A Film for Midwives,” November 7, 1951, 5–7, History Folder, GA.

68. Peaslee Bond to Stoney, December 6, 1951, folder 671, box 25, SP.

69. Anna Everett, *Returning the Gaze: A Genealogy of Black Film Criticism, 1909–1949* (Durham, N.C.: Duke University Press, 2001), 272–313.

through which to deal with the fundamentals of race problems.”⁷⁰ Post-war chronicles of the progress and struggles facing black physicians, such as the 1950 film *No Way Out* starring Sidney Poitier as a black northern doctor, were central to Hollywood explorations of the “race problem,” dramatizing the day-to-day experiences of African Americans living in Jim Crow society.⁷¹ Although hired to produce a training film, Stoney realized early on that the project had the potential to raise social awareness, blurring the line between whether the film would be for targeted medical audiences or wider public consumption.

Stoney’s expansive vision came up against the decisions he made surrounding the film’s main scene, which depicted Ida’s delivery in graphic detail. Medical educators considered filmed births useful in teaching, as they captured and condensed an otherwise unpredictable process into mere minutes of footage. But staging a model birth was difficult, and filming an African American woman as she gave birth invited additional critique.

While Georgia health officials specified over a hundred teaching points the film needed to convey, the question of whether to show a live birth remained open.⁷² Health officials wanted the film to demonstrate the midwife’s preparations and actions during the different stages of labor, but whether it also needed to capture the newborn as it emerged from its mother was a matter they were willing to leave to Stoney’s cinematic discretion.⁷³ Filming a live birth was not easy. It required the ability to shoot at multiple angles without interfering with the delivery, and the flexibility of a crew and budget willing to accommodate the unpredictable onset and duration of birth.

Stoney navigated these challenges by controlling what the viewer could see and hear. Periodic shots of a clock resting on the Flemmings’ decorated bedroom mantel create a sense of the delivery moving at a manageable pace, while also serving to demarcate the stages of labor. As

70. “‘Problem’ Movies,” *JNMA* 42, no. 6 (1950): 395–96, quotation on 396.

71. Vanessa Northington Gamble, “Passing or Passive: Postwar Hollywood Images of Black Physicians,” in Reagan, Tomes, and Treichler, *Medicine’s Moving Pictures* (n. 9), 239–62; Thomas Cripps, *Making Movies Black: The Hollywood Message Movie from World War II to the Civil Rights Era* (New York: Oxford University Press, 1993), 151–73; Charbonneau, *Projecting Race* (n. 8), 19–32.

72. Report of Committee Meeting, October 2, 1951, folder 105, box 4, SP.

73. In Hollywood, showing a birth would have violated the industry’s Motion Pictures Producers and Directors Production Code, adopted in 1930 and in place through the 1960s, which forbade “scenes of actual childbirth, in fact or in silhouette.” See Susan E. Lederer, “Repellent Subjects: Hollywood Censorship and Surgical Images in the 1930s,” *Lit. & Med.* 17, no. 1 (1998): 91–113.



Figure 1. The main image used in the film's promotional materials highlighted Coley's role and skill as a home birth attendant. Dressed in white, professional attire, she tends to a newborn, clearly alive. *Source:* Georgia Archives.

Coley cleans her fingernails with an orange stick and scrubs her hands in preparation for delivery, brushing noises are clearly audible, underscoring the importance of cleanliness even in a home setting. And the lighting throughout the scene is soft, as Stoney was aware he was putting on screen something midwives “were used to pulling down the shades on” and discussing in veiled language.⁷⁴ In strategically deploying these cinematic techniques, Stoney sought to transform a potentially prurient scene into a model teaching demonstration (see Figure 1).

74. Jackson, “Production of George Stoney's Film” (n. 8), 380.

Training Midwives and Parents

As the film was meant for training midwives, Coley's main task was to persuade her peers to change their beliefs, practices, and tools. In Georgia's midwife classes, supervising nurses relied on visual aids such as Chase baby dolls, enlarged birth certificates, and birth atlases to demonstrate proper delivery techniques and review vital registration procedures.⁷⁵ Such practical demonstrations were repeated often, making audiovisual materials that could be reviewed and watched in segments well suited for the class format. Indeed, the ability to replay and discuss obstetrical films in small groups was seen as enhancing their instructional value.⁷⁶

Midwives encountered *All My Babies* as part of an educational package in which the film and its accompanying discussion guide reinforced specific lessons, reflecting the ways nurses drew on multiple pedagogical strategies to instruct midwives. In the 1950s, postscreening discussions were considered "the real climax" of educational film screenings by affording a small-group learning environment for students to review concepts with an expert.⁷⁷ When properly timed, discussions in this critical window would leave a "deep, long-lasting impression" on learners, helping them retain key lessons.⁷⁸ Executives at the Center for Mass Communication, which distributed *All My Babies*, viewed postscreening sessions as indispensable, noting, "No longer thought of as a mere additional feature . . . [t]he film is shown for the sake of the discussion."⁷⁹ Dr. Mason agreed, having found that with *Feeling All Right* and *Palmour Street* simply asking audiences for their reactions to the films was insufficient. For *All My Babies* he cited an "urgent need for some sort of guide to point the way."⁸⁰ Midwives attending classes in Talladega County, Alabama, during the summer of 1953 watched the film followed by an "afternoon discussion" of the "special picture."⁸¹ In facilitating these conversations, nurse

75. "Planning Lessons for Midwives," Georgia Department of Public Health, folder 671, box 25, SP. On the use of Chase dolls in health education, see Wayne Green, "How Is Mrs. Chase Today?," *Collier's* 134, no. 9 (October 29, 1954): 90; Eleanor K. Herrmann, "Mrs. Chase: A Noble and Enduring Figure," *Amer. J. Nursing* 81, no. 10 (1981): 1836.

76. Joseph DeLee, "Sound Motion Pictures in Obstetrics," *J. Biol. Photogr. Assoc.* 2 (December 1933): 60–68.

77. Anna McCarthy, "Screen Culture and Group Discussion in Postwar Race Relations," in Orgeron, Orgeron, and Streible, *Learning with the Lights Off* (n. 27), 397–423.

78. "Memo on *Freedom to Read*," 1953, 5, box 25, Erik Barnouw Papers, Rare Book and Manuscript Library, Columbia University Library, New York.

79. *Ibid.*, 5.

80. William Mason to Stoney, August 30, 1950, folder 790, box 30, SP.

81. Annie Bledsoe file, box SG022954, Talladega County Midwives 1933–1947, Alabama Department of Public Health Midwife Records, 1889–1947, Alabama Department of Archives and History, Montgomery.

supervisors emphasized that the midwife must be “a clean person, [with] clean habits, and from clean surroundings.”⁸² Nurses also communicated the level of cooperation midwives should expect from patients and their families (“Do you get as good help from your grandmothers? . . . Would you like to tell about some of those homes you’ve been in and how you managed?”). Through these discussions midwives became active participants, not merely passive viewers, in evaluating Coley’s techniques and connecting it to the care they provided.

The film’s classroom scene in particular reaffirmed the real-life stakes for practicing midwives who understood that cleanliness was a focal point of surveillance. The health officer’s warning that unsterile cutting of the umbilical cord caused an infant death echoed a long history of associating the disease *neonatal tetanus* with African American birthing practices and judgments of uncleanness.⁸³ The disease strikes early when newborns are particularly vulnerable to bacteria entering through the unhealed navel stump, and states like Georgia credited the swift investigation of infant deaths due to neonatal tetanus as one of their most successful techniques to “control” midwives.⁸⁴ In September 1952 when one of the babies delivered by Pearl Jackson in nearby Leary (a town twenty-five miles from Albany) died from neonatal tetanus after living only seven days, she wrote frantically to the state health department, “Please come down so I can talk with you.”⁸⁵ The white public health nurse supervising Jackson’s county had taken away her certificate to practice, but with seven expectant mothers calling on her, Jackson pleaded to have her certificate reinstated. Jackson asserted the nurse and medical director “been after me” since she reported the death and she cast further blame on the health department for taking away “all the good midwives,” leaving pregnant women with few options.⁸⁶ Helen Bellhouse, at the time on the staff of Georgia’s Division of Maternal and Child Health and an advisor on *All My Babies*, wrote to her colleagues that since the incident had gotten Jackson “good and scared”

82. Guide for Film Discussion, March 17, 1953, History Folder, GA.

83. Sally G. McMillen, “‘No Uncommon Disease’: Neonatal Tetanus, Slave Infants, and the Southern Medical Profession,” *J. Hist. Med. Allied Sci* 46, no. 3 (1991): 291–314; Stephen Kenny, “‘I Can Do the Child No Good’: Dr. Sims and the Enslaved Infants of Montgomery, Alabama,” *Soc. Hist. Med.* 20, no. 2 (2007): 223–41.

84. Victor Bassett, *Prevention of Tetanus Neonatorum in the South: With a Discussion of the Results That May Be Expected from the Public Health Control of Midwives*, December 1937, GA.

85. Pearl Jackson to Georgia Health Department, September 13, 1952; Virginia Slappey to Bellhouse, October 24, 1952, “Special File—Midwife Problems” folder, box RCB-37997, GA.

86. Pearl Jackson to Georgia Health Department, September 12, 1952, “Special File—Midwife Problems” folder, GA. The letter is incorrectly dated September 12, but was received by the GDH on October 15 and written in reply to the GDH’s September 17 letter. It was likely written on October 12.

she hoped the midwife would “stay on the straight and narrow path.”⁸⁷ A month later in Ludowici County, midwife Georgia Williams discovered a baby she delivered had died a day after it was born, and a local physician blamed her, telling families she “had no right to catch babies” in town. Williams wrote to the health department to find out whether or not she could practice, adding that with no nurse in the area, “people do need a midwife.” Not everyone, she explained, could travel to a hospital. She closed her letter with a request, “Please don’t be hard on me for writing you this for I want to do the right thing and stay on the job.”⁸⁸ As Jackson, Williams, and many other midwives knew, in maintaining their standing as law-abiding practitioners they faced a dilemma: if they failed to report diseases and deaths they risked being labeled a “problem” and losing their license, but if they did alert officials they could still face consequences and intimidation.



Figure 2. Coley demonstrates tying the cord, “I been doing the same thing about eighteen years but I still know I can slip if I don’t keep checking on myself.”

87. Bellhouse to O. F. Whitman, September 17, 1952, “Special File—Midwife Problems” folder, GA.

88. Georgia Williams to Georgia Department of Public Health, October 28, 1952, “Special File—Midwife Problems” folder, GA.



Figure 3. Younger midwives learn from the supervising nurse.



Figure 4. An elder midwife practices on her own.

All My Babies modeled the close attention health officials paid to neonatal tetanus and strategies midwives should adapt to prevent the disease. In a sequence of vignettes, midwives practice cord-tying techniques on training dolls outfitted with umbilical cords. At one table Coley demonstrates the “thumbs together” method (Figure 2).⁸⁹ She confidently guides her hands, aware that a younger midwife is learning from her even while the supervising nurse carefully watches Coley, on the lookout for any mistakes. At another table two young midwives look on as a nurse demonstrates the same procedure (Figure 3). Coley, both as the narrator and as part of an older generation of midwives, remarks, “These young girls who are just starting out, they have an advantage because they’re learning the right way to begin.” The camera then turns to an elderly midwife tying the cord (Figure 4). As she works on a doll without supervision, Coley concludes, “You know folks can change too if they just put their mind to it.” The repetition of this demonstration underscored midwives’ responsibility to maintain sterile equipment and follow state procedures to prevent deadly disease. And yet, showing black midwives tend to white dolls also evoked cultural images of mammies and child nurses, conjuring up southern mores of deference and authority.⁹⁰ By interweaving modern training methods with more traditional roles (including the call-and-response exchange between the midwives and health officer) the film alerted health professionals that they should draw on a range of tools in order to effectively train multiple generations of midwives.

Another of the film’s lessons emphasized a clean bag as essential to the midwife’s practice—an instrument that signified her training and willingness to comply with state regulations. While conducting research for the film, Stoney learned of midwives’ alleged “two bag philosophy”: some midwives kept one bag pristine, always ready for inspection, and another filled with items really used during deliveries.⁹¹ Showing Coley use state-approved equipment served to bridge the gap between the classroom instruction midwives received and the way they actually practiced. Returning home after attending Ida’s nighttime delivery, Coley heads straight to bed but cannot shake the health officer’s warning that a baby died because “*something wasn’t clean*,” and gets up to repack her bag with fresh supplies. By refusing to let fatigue compromise her duties, Coley upheld Georgia’s mandate that “cleansing of the bag and its contents shall

89. Stoney, “All My Babies” (n. 4), 82.

90. Kimberly Wallace-Sanders, *Mammy: A Century of Race, Gender, and Southern Memory* (Ann Arbor: University of Michigan Press, 2008).

91. Stoney, “All My Babies” (n. 4), 83.

be done as promptly as possible, so that it will always be in readiness."⁹² Like the doctor's stethoscope or nurse's white cap, the black bag figured as an important symbol of a midwife's preparation and training. Children growing up in Albany during Coley's time learned to recognize her by her black bag, with Coley's grandson recalling stern warnings as a young boy to never touch it.⁹³ One woman remembered that as a little girl her pregnant mother sent her to get Coley; she went as told not knowing what the midwife would do but certain her new sibling "was in the black bag Mary carried."⁹⁴ Both on screen and off, Coley's black bag symbolized her readiness, cleanliness, and discipline.

In addition to instructing midwives on the importance of cleanliness, the film communicated messages specifically for African American parents. A 1947 feature in *Ebony* titled "Goodbye Mammy, Hello Mom" proclaimed that in the postwar years "the Negro mother" had finally "come home," ushering in an age of "domestic peace."⁹⁵ The point, the editorial argued, was not that black women belonged at home, but that with more industrial jobs opening up to black men, black families could attain new levels of economic security and "live on the income of one breadwinner." An accompanying photograph modeled this new ideal: a young African American mother sits beside a window as she prepares a meal and watches her two children play outside. Her paisley housedress and stylish hair, tied up with ribbon, reminded female readers not to neglect their physical appearance in fulfilling their household duties. In the film, the Fleming family embodied this postwar domestic ideology; their home is tidy and properly set up with baby supplies. Both parents remain attentive to their older children even as they prepare for a new arrival, and when Ida goes into labor Tom gives her a new pair of white satin slippers. The grandmother, acting as caretaker and additional support, completes the portrait of a black nuclear family.

Marybelle's story, in contrast, illustrated the consequences of failing to follow medical advice during pregnancy. The film does not go so far as to suggest Marybelle may die having ignored prenatal advice, but it does dramatize her pain. During contractions she screams out, "Jesus, Jesus!" her cries for help a striking contrast to Ida's calm demeanor. Marybelle's struggles served as a powerful warning that avoiding prenatal care could mean a difficult and premature delivery. The unkempt state of Marybelle

92. *Midwife Regulations*, June 1949, folder 671, box 25, SP.

93. Margolies, "Link to the Past" (n. 62).

94. Bagnall and Stoney, *Reunion of All My Babies* (n. 55).

95. "Goodbye Mammy, Hello Mom," *Ebony*, March 1947, 36.

and Adam's house adds to the sense that they are unprepared for the new arrival. Moreover, the dirtiness collapsed distinctions between ideals of health and domesticity, implying that women who neglect their pregnancies also neglect their homes, putting the well-being of their families in double jeopardy.⁹⁶ While Marybelle pays the emotional and physical costs for being a bad prenatal patient, the film affirmed a postwar optimism in American medical technology compensating for negligent behavior and saving lives in even the most rural settings.⁹⁷ Adam Jr. survives, not because of his mother's actions but because Coley quickly places him in an incubator.

The two delivery scenes conveyed conflicting messages to different audiences. Ida's smooth delivery and Marybelle's protracted pain taught patients and prospective parents that the decision to seek and follow medical advice, or not, determined one's health and the health of one's children. For midwives, the deliveries communicated the scope of their expected knowledge. Through her preparations and quick-thinking Coley safely shepherds Marybelle and her premature son through childbirth. Her warm demeanor and flexibility working in trying circumstances modeled the positive outlook midwives should assume. Meanwhile, nurses and doctors could draw yet a third conclusion: midwives could handle a range of cases, so if anything went wrong it was because the midwife made a mistake.

Bringing the Film to Medical Schools and Beyond

As the AAMC's advisor on the film, Dr. Ruhe believed *All My Babies* fulfilled multiple educational needs for training physicians, and he pushed for the film's integration into medical school curricula. First-year medical students would see it well before they encountered a real delivery, to introduce them to the "drama of birth" and invite them to experience the film "as humans, fathers-to-be, and only lastly as medical students"—a telling observation of the male-dominated medical profession of the midcentury. Second-year students would see the film in preparation for their training in home delivery service, a setting in which medical students worked "in effect [as] midwives and not yet doctors." The film would also introduce

96. Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, Mass.: Harvard University Press, 1998); Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (New York: Praeger, 1966).

97. Jeffrey Baker, *The Machine in the Nursery: Incubator Technology and the Origins of Newborn Intensive Care* (Baltimore: Johns Hopkins University Press, 1996).

second-years to their future roles supervising midwives, nurses, and other auxiliary staff. Third-year students, already immersed in their obstetrical training, would only need to see the birth scene in order to “have them identify with the midwife.” In addition to delineating these learning objectives, Dr. Ruhe believed such framing was needed to “blunt any of the culturally induced reactions” students might have when shown a film focused on African Americans.⁹⁸ Underlying Dr. Ruhe’s plan for introducing the film to medical students was the bold idea that physicians in training, overwhelmingly white and male, could learn from a black midwife.

As Dr. Ruhe anticipated, the film proved a popular feature in medical education. It premiered in Atlanta to an audience of clinicians, health educators, hospital administrators, and health officials, and was shown at the American Public Health Association’s annual meeting in 1953.⁹⁹ By 1956, twenty-four states owned copies of the film, including all health departments in the South, as well as universities, film libraries, and ministries of health.¹⁰⁰ Hundreds more versions circulated as rentals, spliced film reels, and slides for instructional use.¹⁰¹ Black teaching hospitals proved a critical market as the film was reported to work “very well” among black midwives trained through Tuskegee Institute and black nurses at Freedmen’s Hospital in Washington, D.C.¹⁰² Dr. Ruhe was not alone in appreciating the film’s pedagogical value. State health officers and medical school faculty praised *All My Babies* as “one of the best teaching films.”¹⁰³

Like Stoney, Dr. Ruhe believed the film could have a wider appeal and impact beyond medical audiences. He insisted that the birth process was “so deeply intrinsic to our most sensitive psychic areas, so interlocked with sexuality, so full of cultural implications, and so vital to human life itself” that despite its black southern context, *All My Babies* held a “universal and timeless appeal.”¹⁰⁴ At viewings in Chicago, Dr. Ruhe received mixed reactions from expectant and “potential” mothers, a conclusion he drew from the fact that women tended to ask more questions. In contrast, male

98. Ruhe to Bellhouse, May 14, 1953, History Folder, GA.

99. Bellhouse to Mason, January 13, 1953, History Folder, GA; Oshlag to Rice, October 1, 1953, Correspondence folder, GA.

100. Oshlag to Smith, June 12, 1957, Correspondence folder, GA.

101. Bellhouse to Regional Staff Personnel, “Memo: Use of First and Last Reels of ‘All My Babies’ with Clinician-Physicians,” January 18, 1954, History Folder, GA.

102. Stoney to Smith, May 7, 1954, History Folder, GA; Henk Nieuwenhuizen to Stoney, June 8, 1960, folder 102, box 4, SP.

103. “Comments on ‘All My Babies,’” History Folder, GA.

104. Ruhe to Rice Memo, “Report on Showings of ‘All My Babies,’” June 10, 1953, History Folder, GA.

viewers felt empowered after watching the film. At screenings held in corporate offices and private homes, men agreed that the film was a “must” for future fathers in helping “explode the mysteries of normal birth,” with one father declaring, “I’ve got confidence I could really help out if I had to.”¹⁰⁵ Police officers and firefighters watched it as well, with a Massachusetts police captain hailing the film “of greatest value to our officers” in preparing them to handle emergency deliveries.¹⁰⁶ Stoney expected this response from men, believing the narrative climax to be not the actual birth but the father’s first look to “admire his newest offspring.”¹⁰⁷ The male-only screenings also reflected a broader cultural shift toward training men for birth and for fatherhood.¹⁰⁸ In 1955, *Ebony* reported on this trend in its profile of a black engineer enrolled in an expectant fathers course at Chicago’s Lying-In Hospital.¹⁰⁹ In class the father learned how to prepare infant formula, participated in “diaper drills,” and viewed films on the birth process. Like these classes, *All My Babies* affirmed that men had important roles to play when a new baby arrived.

“Second-Class Service”

Georgia health officials wanted viewers to come away from the film persuaded that the “delivery of babies is not a dirty or shameful job.”¹¹⁰ Yet various controversies threatened to undermine this goal. One challenge was that Stoney needed to convince Martha Sapp, who played Ida, to give birth as an all-white camera crew filled and filmed the staged bedroom.¹¹¹ In addition to paying for her delivery supplies and Coley’s fee, Stoney showed Sapp the delivery scene he directed in *A Concept of Maternal and Neonatal Care* (1951) to assure her that including a birth furthered the film’s goal of “the dissemination of scientific information.”¹¹² At the time, Sapp was a student at the local black college, Albany State University, and despite Stoney’s efforts, her cooperation with the project was not without incident. As Sapp waited for her final prenatal checkup in Albany a white

105. Ibid.

106. News clip, “Educated Cops,” Boston, February 12 [no year given], folder 102, box 4, SP.

107. Stoney, “All My Babies” (n. 4), 93.

108. Judith Walzer Leavitt, *Make Room for Daddy: The Journey from Waiting Room to Birthing Room* (Chapel Hill: University of North Carolina Press, 2009).

109. “School for Expectant Fathers,” *Ebony*, December 1955, 112–17.

110. Report of Committee Meeting (n. 72).

111. Stoney to Ruhe, January 20, 1952, folder 671, box 25, SP.

112. “Consent to Use of Photograph or Motion Picture,” folder 108, box 5, SP.

nurse came up to her and loudly announced to the whole clinic, “Oh, so you’re the mama who’s going to show her bottom to the camera?” Sapp kept cool but alerted Stoney of the event. “I wanted that floor to swallow me up,” she said, and in recounting her humiliation she confronted Stoney, “You told me there wouldn’t be anybody laughing at me like that.”¹¹³ With Sapp shaken and the film’s future uncertain, Stoney worked to regain her trust. Following her request, she and her husband saw the film before it was shown in town and promotional materials omitted the Sapps by name in order to protect them from further embarrassment.

More controversy ensued after *All My Babies* debuted and circulated beyond Georgia, highlighting the fact that the film’s graphic portrayal of birth raised challenging questions about the boundaries between education and voyeurism, pulling even the AMA into the debate. When shown a rough cut in late 1952, Navy medical officers laughed at the delivery scene, crudely taking it “out of context” and making fun of its sexually suggestive content.¹¹⁴ Stoney worried such unclean reactions detracted from the film’s pedagogical and political goals. He believed he was uplifting blacks by featuring them on screen, arguing that rather than objectifying Ida “on the table . . . [as] one more case,” he was humanizing her experience by showing her as part of a loving family.¹¹⁵ Yet reactions to the childbirth scene, ranging from mockery to alarm, pointed to an underlying tension in the film’s use as an educational tool.¹¹⁶ The scene had to be explicit in order to be instructive, but in doing so it veered into voyeurism, compromising the film’s intended educational aims and opening it up to ridicule and critique from different audiences.

Georgia health officials worked quickly to control the film’s distribution by restricting viewership. Though shot on thirty-five-millimeter film, circulating copies were made available only on sixteen-millimeter, the prevailing format for educational films at the time and a move intended

113. Stoney to Rice, January 3, 1953, History Folder, GA.

114. As Cartwright has argued, medical imaging technologies such as film employed a “male voyeuristic gaze . . . that can subject those who can’t afford care to humiliating treatment.” Cartwright, *Screening the Body* (n. 9), 169; Jackson, “Production of George Stoney’s Film” (n. 8), 387.

115. Stoney Interview with Barbara Abrash, May 20, 1996, folder 186, box 7, SP; Cedric J. Robinson, *Forgeries of Memory and Meaning: Blacks and the Regimes of Race in American Theater and Film before World War II* (Chapel Hill: University of North Carolina Press, 2007).

116. On the objectification of black women in visual culture, see Deborah Willis and Carla Williams, *The Black Female Body: A Photographic History* (Philadelphia: Temple University Press, 2002). A later review of the film criticized its depiction of black women; see Nancie L. Gonzalez and Stella B. Silverstein, “All My Babies,” *Am. Anthropol.* 77, no. 1 (1975): 173–75.

to signal the film's use for professional, noncommercial purposes.¹¹⁷ In addition, reviews published in nonmedical outlets were required to state the film's restricted nature.¹¹⁸ One reviewer noted that given the graphic nature, *All My Babies* "cannot be shown in this country except on a carefully restricted basis," but held out hope that, eventually, it would be available "when the public is ready to see it on a mature basis."¹¹⁹ Another found the instructional film depicted "realism so unsparing" that despite its moving content it would never be "given general release for obvious reasons."¹²⁰ Such tight gatekeeping affected not only the film's critical reception, but also its revenue. A financial report noted "sales have been good" but suggested if viewing restrictions were loosened, even slightly, future earnings would surely increase.¹²¹

Government sponsors had another reason to limit the film's circulation: they worried *All My Babies* could be viewed as promoting midwifery. While the film starred a model, law-abiding midwife, health officials saw the portrayal of midwifery not as "medically ideal," but instead as "realistic and aimed at the progressive betterment" of rural health.¹²² They worried the film would be misconstrued as a tool to recruit more midwives into service.¹²³ Reconciling the tensions between improving existing resources without encouraging midwifery came to a head when Stoney and Georgia health officials sought an endorsement from the Children's Bureau. In an advanced screening that Children's Bureau director Dr. Martha Eliot had organized for the agency and staff at the World Health Organization, Point Four Program (President Truman's foreign aid plan), and State Department, she praised the feature as "just the kind of film we should be sending abroad."¹²⁴ But upon seeing the final version months later, she worried it cast the United States in a negative light. In particular, Dr. Eliot was "deeply concerned" that in showing midwives, rather than physicians,

117. On the longer history of efforts to restrict viewership of health films to medical audiences, especially for films containing graphic and/or sexually suggestive content, see Pernick, *Black Stork* (n. 9), 117–28; Leslie J. Reagan, "Projecting Breast Cancer: Self-Examination Films and the Making of a New Cultural Practice," in Reagan, Tomes, and Treichler, *Medicine's Moving Pictures* (n. 9), 163–95; Lederer, "Repellent Subjects" (n. 73).

118. Bellhouse to Oshlag, December 16, 1952, History Folder, GA; Orgeron, Orgeron, and Streible, *Learning with the Lights Off* (n. 27), 56–64.

119. Cecile Starr, "Review of *All My Babies*," *Film Forum*, History Folder, GA.

120. Archer Winsten, "Rages and Outrages," *New York Post*, September 14, 1959.

121. Oshlag to Smith, June 12, 1957, Correspondence folder, GA.

122. Ruhe to Hugh Wood, June 15, 1951, History Folder, GA.

123. Hannah Mitchell, "Tentative Speech for Premiere of *All My Babies*" January 21, 1953, History Folder, GA.

124. Stoney to Rice, May 12, 1952; Stoney to Mitchell, May 20, 1952, History Folder, GA.

attending to African American mothers, the federally sponsored training film sent the message that the government was “willing to settle for second-class service for Negro mothers and babies.”¹²⁵ To preempt any backlash, bureau officials required that a statement run at the beginning of the film:

In many ways, people throughout the United States are working to achieve good medical care for all mothers throughout childbearing. Until that goal can be reached, it is highly important to improve the skills of midwives who carry so much of the responsibility for saving mothers’ and babies’ lives in rural areas where doctors and trained nurses are scarce.

Promotional brochures for *All My Babies* further assured that while the film was for educational purposes it did “not necessarily imply approval or promotion” of midwifery.¹²⁶ The AMA adopted this stance as well, insisting in its review that the film is “an educational picture designed to improve existing services to mothers and children but not necessarily to approve or promote the particular type of care represented.”¹²⁷

On its own the film left the government vulnerable to criticism and embarrassment, but when presented with disclaimers in which midwifery was framed as a stopgap measure, *All My Babies* became a political tool for delineating the status of midwifery and the state of black health care in the postwar years. Yet the Children’s Bureau’s explanation remained incomplete and insufficient, with the agency willing to acknowledge the dearth of medical care in rural areas, but conspicuously silent and purposefully drawing attention away from federal policies of racially segregated health care. Furthermore, in contrasting “good medical care” with the care midwives worked hard to provide, the bureau reinforced the very concern it sought to dispel—that African Americans living in the rural South were, indeed, receiving second-class health care.

Thus, even while the film’s title implied the story was Coley’s own, the need for the bureau’s statement and use of a male physician’s voice to introduce Coley to viewers reflected an inability to reconcile who ultimately controlled and legitimated the film’s messages—the midwife, medical profession, or federal government. Given the multiple stakeholders driving its production and distribution, questions of who determined the film’s narrative and meaning could never be fully resolved.

125. Mary Taylor to Oshlag, February 24, 1953, History Folder, GA.

126. *All My Babies* program, History Folder, GA.

127. “Medical Motion Pictures,” *JAMA* 154, no. 5 (1954): 442.

Conclusion

In placing Coley at the center, *All My Babies* exemplified both the enthusiasm and anxieties underlying the postwar belief in the power of film to transform health care, medical education, and race relations. The struggles over the film's meaning were part of a larger struggle over the status of midwifery as a profession. At the same time, the debates and controversies surrounding *All My Babies* reflected the challenges of portraying black health and health care in an era of Jim Crow. Even as officials promoted the film, they remained anxious that its representation of African Americans exposed deep inequalities in American society. Such concern underscored the ways health care had become a focal point in postwar critiques that African Americans received unequal treatment. The irony was that the film could illustrate the stark realities of a segregated health care system while also showcasing Coley's skilled and dedicated work.

Though initially conceived as a training film for black southern midwives, *All My Babies* quickly assumed a broader role in postwar health education. Stoney, health officials, and the AAMC worked to deploy the film to different settings and audiences, spanning professional, racial, gendered, and regional divides. As the context in which the film was viewed shifted, so too did its meanings and messages about birth, midwifery, and race. The film's emphasis on cleanliness challenged prevailing ideas of black midwives as dirty and untrained, while at the same time communicating to midwives the hygienic standards they were expected to uphold, regardless of the conditions in which they worked. And yet, associations of race and birth with notions of uncleanliness and shame could not be wholly undone and continued to shape the film's reception.

When Coley died in 1966, at the age of sixty-five, midwives and nurses traveled from across Dougherty County to bear flowers in her funeral service. The funeral program credited Coley's lasting legacy to be "*her* film" that she made "for instructional purposes."¹²⁸ At a time when the once quiet town of Albany had emerged as an early battleground in the growing civil rights movement, the significance of asserting Coley's role in making the film a national and international success was unmistakable. She had succeeded in cementing an image of black midwives as working both within and in the face of a health care system that marginalized the health needs of African Americans. In many ways, the film's educational purpose did not end once midwives ceased to be the primary practitioners

128. Mary Coley, March 11, 1966, Funeral Program, Digital Library of Georgia, <http://dlg.galileo.usg.edu/funprg/do:funprgcoleymaryfhill>, emphasis added.

in black communities; its lessons remain a reflection, and a reminder, of the profound shifts in health care and race relations under way in the postwar years.



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