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**Enslaved Midwives in the Long Eighteenth Century: Slavery, Reproduction, and
Creolization in the Chesapeake, 1720 – 1830**

By

Emily A. Lampert

Accepted in Partial Completion
of the Requirements for the Degree
Master of Arts

ADVISORY COMMITTEE

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Master's Thesis

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Emily Lampert

May 2020

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Abstract

This project is an exploration into the important role enslaved midwives played as both facilitators of and participants in the creolization of enslaved plantation communities in the Chesapeake during the eighteenth and early nineteenth centuries. Importantly, this project is geographically and temporally unique and serves to bridge multiple historiographies, including gender and slavery, slavery and medicine, and creolization. Using mainly slaveholder financial records, I have traced the dissemination of reproductive knowledge from local white midwives to enslaved black women beginning as early as the 1720s, as well as black women's appropriation of reproductive spaces on Chesapeake plantations, a process largely completed by the end of the eighteenth century. I also discuss the emergence of a uniquely Chesapeake pronatalism, under which enslaved midwives were highly valued, that developed in tandem with the domestic slave trade. This increased valuation of reproductive knowledge allowed these women a level of mobility relatively unheard of for bondwomen, and I argue that enslaved midwives likely used this mobility to create and maintain kin and community connections across farm, plantation, and even county lines. This project takes seriously the important positions enslaved midwives held both in their communities and in the eyes of their enslavers, as well as their role in the literal birth of creole African American communities. While this project fills a gap in the literature concerning the intersection of gender, slavery, and creolization, it also works to recognize and acknowledge the nuanced, emotionally taxing, and remarkable work of enslaved midwives during this period.

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Introduction

On the first of October 1813, Ursula gave birth to her son, Thomas, on Thomas Jefferson's Monticello plantation. Ursula, an enslaved woman who split her time between the kitchens and fields at Monticello, was married to Wormley Hughes and together they had eleven total children.¹ Though she had already given birth to five children – an unnamed infant in 1802, Joe in 1805, Anne in 1807, Dolly in 1809, and Cornelius in 1811 – Thomas's birth was different. On that October day in 1813 Rachael, an enslaved midwife also living at Monticello plantation, assisted Ursula in the delivery of her son.² The relationship between Rachael and Ursula likely spanned decades, as Rachael delivered four of Ursula's five children after Thomas. Rachael, the sole-recorded midwife operating on Jefferson's Albermarle and Bedford county farms from 1809 until his death in 1826, travelled from her home farm, Tufton, to Monticello House to tend to Ursula – this distance was one of the shortest Rachael travelled. Even this short distance, however, would have been relatively difficult for the average bondswoman to trek.³

Indeed, enslaved midwives exercised a unique access to mobility that allowed them to travel hundreds of miles back and forth between different farms, and in doing so women such as Rachael likely created and maintained communicative and kinship ties across Jefferson's properties. By the late eighteenth century enslaved midwives such as Rachael were common figures and important fixtures of enslaved communities in the Chesapeake. Despite their relatively large numbers, impressive mobility, and notable presence in plantation account and

¹ Lucia Stanton, *“Those Who Labor for My Happiness”: Slavery at Thomas Jefferson's Monticello*

² Thomas Jefferson, “Memorandum Books, 1814,” *Founders Online*, National Archives, <https://founders.archives.gov/documents/Jefferson/02-02-02-0024>.

³ Please see Stephanie M. Camp's work, *Closer to Freedom: Enslaved Women and Everyday Resistance in the Plantation South*, for further information regarding enslaved women's restricted mobility.

memorandum books, enslaved midwives have been largely ignored in scholarship concerning community formation and creolization.

While the historical process of creolization has been a topic that scholars have become increasingly concerned with in the past few decades, many historians who study this process have ignored, to put it bluntly, the fact that enslaved women literally birthed a creole African American community into existence.⁴ As Jennifer Morgan has explained, "there is an obvious if contradictory connection between the brutal growth of slave ownership and the development of creole communities, and enslaved women [were] reminded of that fact as they and their children...found themselves marked as a source of bourgeoning wealth."⁵ Seeing as enslaved reproduction was at the center of creolization, it follows that midwives, the facilitators of slave births, necessarily helped to facilitate the formation of creole communities. Indeed, enslaved midwives were crucial to the process of creolization, providing various forms of reproductive labor. The aim of this study is to remedy a gap in the literature, examining the process by which reproductive knowledge and midwifery practices were disseminated to enslaved women and their role in community creation and maintenance in order to reveal their importance in the larger creolization process.

For the purposes of this study, creolization was a historical process resulting in "the creation of syncretic cultural forms" unique to New World sites.⁶ Specifically, this project understands creolization as the process by which a uniquely African American culture and

⁴ For more works concerning African creolization, see Ira Berlin's *Many Thousands Gone: The First Two Centuries of Slavery in North America*, Alex Bontemps' *The Punished Self: Surviving Slavery in the Colonial South*, and Gwendolyn Midlo Hall's *Africans in Colonial Louisiana: The Development of Afro-Creole Culture in the Eighteenth Century*; also, John Smolenski's *Friends and Strangers: The Making of a Creole Culture in Colonial Pennsylvania* is useful for understanding the process of creolization.

⁵ Jennifer Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004), 119.

⁶ Morgan, *Laboring Women*, 108.

community formed in North America. Furthermore, this project also understands creole African American communities to be "close-knit, plantation-based local communities" in which "connection and intimacy were made visible by the birth of children."⁷ Although assimilation and "social death" have long been associated with American slavery, many scholars argue that a process of creolization took place in the American South. In contrast to creolization, social death is defined as a process wherein slaveholders destroyed the intimate and personal relationships of enslaved peoples, then placed these disconnected and dislocated people into an unfamiliar and hostile environment.⁸ While slaveholders certainly attempted this act, key figures within the enslaved community – in this case midwives – actively worked to combat the psychological assault, maintain important avenues of communication, and in turn preserve familial relationships while forging broad communal ties. Again, rather than depicting enslaved Africans as having lost their culture entirely, approaching the topic through the lens of creolization demonstrates that enslaved communities purposefully appropriated various aspects of New World practices – such as midwifery, obstetric/gynecological, and birth practices – and incorporated them into a developing culture and community.⁹

While enslavers in Virginia regularly and violently separated families as a form of social control, enslaved midwives traveled between plantations, carrying messages and reconnecting sisters, husbands and wives, and mothers and daughters. This process of maintaining old

⁷ James Sidbury, *Ploughshares into Swords: Race, Rebellion, and Identity in Gabriel's Virginia, 1730-1810* (New York: Cambridge University Press, 1997), 11; Morgan, *Laboring Women*, 169.

⁸ Vincent Brown, "Social Death and Political Life in the Study of Slavery," *The American Historical Review* 114, no. 5 (December 2009): 1233.

⁹ James Sidbury, *Ploughshares into Swords: Race, Rebellion, and Identity in Gabriel's Virginia, 1730-1810* (New York: Cambridge University Press, 1997), 5.

Sidbury specifically discusses the concept of cultural appropriation, which occurs "when one group is inspired to make use of the ideas and practices of another but perceives these practices and ideas to have a relation to other cultural values that differ from the originating group," as central to creolization and community formation.

relationships and forming new ones in the face of an integrated and efficient plantation machine was crucial to the formation of African American communities, and enslaved midwives' substantial mobility contributed to the creolization of the Chesapeake enslaved population as they appropriated Anglo-American midwifery practices and made the birthing room into a space dominated by black women. In addition to their role in the development of a culturally creolized community, midwives also participated in creolization in an extremely intimate and physical sense. Working with enslaved pregnant women, these midwives aided in the birth of creole African Americans, physically bringing new black bodies into a developing world. Indeed, the word *creole* is "derived from the Portuguese word *crioulo*, meaning a slave of African descent born in the New World" – in order to have a creolized society there must be creoles, who must be birthed in this New World, thus centering enslaved women and midwives in this historical process.¹⁰

Though creolized communities formed throughout the American south, the formation of Chesapeake communities differed significantly from those of the Lowcountry. As Philip Morgan points out, "too often in history one South has served as proxy for many Souths," and the lives, experiences, and communities of enslaved people in these different regions were neither fungible nor interchangeable.¹¹ The Chesapeake is a uniquely important site to study this process precisely because its black community grew exponentially throughout the eighteenth century, unlike the lower South or the island colonies in the Caribbean, where fertility rates were low and infant mortality rates were notoriously high. Between 1607 and 1778, nearly 101,000 captured

¹⁰ Gwendolyn Midlo Hall, *Africans in Colonial Louisiana: The Development of Afro-Creole Culture in the Eighteenth Century* (Baton Rouge: Louisiana State University Press, 1992), 157.

¹¹ Philip Morgan, *Slave Counterpoint: Black Culture in the Eighteenth-Century Chesapeake and Lowcountry* (Chapel Hill: University of North Carolina Press, 1998), xvii.

Africans were transported to Virginia.¹² Due to natural increase, aided by the favorable environmental conditions of the Chesapeake, the enslaved population nearly quadrupled to 380,000 enslaved people of African descent by 1807.¹³

To put this in perspective, Jamaican planters purchased over 800,000 enslaved Africans in the same time period, but by 1807 only 385,000 people of African descent lived on the island. The exceptionally high mortality rate can be attributed to multiple issues, the most prevalent being low fertility rates due to the inhospitable environment of the Caribbean and the hard physical labor required to run sugar cane plantations.¹⁴ The rice swamps of the South Carolina Lowcountry were similarly dangerous for the enslaved people laboring there as “standing knee-deep in muddy water and laboring under hot, humid conditions exacted a high toll in human lives,” and these horrific conditions ultimately “undermined reproduction and increased mortality.”¹⁵ The low birth rate and high mortality rate of the Lowcountry necessitated a continuous flow of newly enslaved captives, which resulted in a black population that “remained more heavily African than African American” until the late eighteenth century.¹⁶ The comparatively high fertility rate in the Chesapeake, however, continued into the early nineteenth century, during which “the crude birth rate exceeded fifty per one thousand, meaning that each year more than one fifth of the black women in the 15 to 44 age cohort bore a child.”¹⁷ Black midwives’ position here was paramount, as they assisted black women during childbirth and

¹² Richard Dunn, *A Tale of Two Plantations: Slave Life and Labor in Jamaica and Virginia* (Cambridge: Harvard University Press, 2014), 24.

¹³ *Ibid.*, 24.

¹⁴ *Ibid.*, 24.

¹⁵ Matthew Mulcahy, *Hubs of Empire: The Southeastern Lowcountry and British Caribbean* (Baltimore, MD: Johns Hopkins University Press, 2014), 122, 128.

¹⁶ *Ibid.*, 113.

¹⁷ Deborah Gray White, *Ar'n't I a Woman: Female Slaves in the Plantation South* (New York: W.W. Norton & Co, 1985), 69.

would often continue to care for the children while enslavers forced mothers to return to the fields.

Using plantation account books, overseer logbooks, and the personal papers of plantation owners, this study will show how the eighteenth-century Chesapeake was a site of immense creolization and community formation, facilitated in part by the reproductive knowledge and work of enslaved midwives. Specifically, I will use the plantation records of people such as George and Martha Washington, Thomas and Martha Jefferson, William Ennals, and other prominent Chesapeake families. The most common type of source found throughout this study is the plantation account book; though examining the financial records of men such as Thomas Jefferson is, of course, nothing new, this study's use of a gendered lens to locate payments made directly to enslaved women by the men who owned them seems relatively unique. I am working with these papers partly because they left detailed financial records, and partly because these families' respective slaveholdings were significantly larger than the average planter, meaning that natural increase – and therefore midwives – was crucial to the formation of each family's wealth. This wealth was immense, and the value placed on enslaved reproduction and reproductive knowledge resulted in a cycle of production and reproduction of capital that kept African Americans and their children enslaved in perpetuity.

It is necessary to note here that this project does not make use of any source produced by an enslaved midwife. Indeed, nearly all the sources that directly mention these women were created by slaveowners, overseers, and plantation managers, and the small amount of material that recorded the voices of these midwives were necessarily mediated through white men. This is an issue for many who study the lives of enslaved women, and "given the oral basis of African American midwifery practice and the exclusion of such voices from early archives, historians

may search in vain for the African American-authored counterpart to Martha Ballard's diary."¹⁸ Nonetheless, by revisiting well-used documents such as Thomas Jefferson's account and memorandum books with midwifery in mind, we can reconstruct an understanding of the immense role an enslaved midwife occupied on a Chesapeake plantation during the long eighteenth century, both in the eyes of her enslaver and in those of her community.

In appropriating the role of reproductive authority on plantations and attending to black mothers in their communities, black midwives were at the crux of creolization in a very intimate and physical sense. Jennifer Morgan notes that “in the context of New World slavery...creolization was in fact rooted in loss; in the despair of infant death and the altered meanings of women’s fertility under the weight of burgeoning plantation regimes.”¹⁹ This is of course true, and the maternal grief and consuming loss of a child, whether by death or by slave market, was a cornerstone of the creolized African American community. But alongside the suffering and the loss there were midwives. Stubborn women who would not leave the bedside of a mother in labor, midwives were important figures in emerging African American communities who actively worked to preserve the sanctity of childbirth and motherhood in the midst of a system of slavery that insisted black children were commodities rather than kin. They would have been a comfort to young black mothers; a midwife’s face was a familiar one, as “even when a midwife was sent to attend a woman on a neighboring plantation, the odds were that the pregnant woman was an acquaintance of hers.”²⁰ In a world where forceful family separations were commonplace and plantations were becoming increasingly self-sufficient and vertically-integrated, enslaved midwives created and maintained physical and communicative connections

¹⁸ Sharla Fett, "Consciousness and Calling: African American Midwives at Work in the Antebellum South," in *New Studies in the History of American Slavery*, ed. by Edward Baptist and Stephanie M.H. Camp (Athens, GA: University of Georgia Press, 2006), 66.

¹⁹ Morgan, *Laboring Women*, 108.

²⁰ Deborah Gray White, *Ar'n't I A Woman?* (New York: W.W. Norton & Co, 1985), 111.

across plantation boundaries and in turn helped to facilitate the formation of a broader African American community.

Historiography

This study engages a broad range of literatures that have not always been readily connected by historians. Because this study is temporally and geographically unique, it engages secondary literature from across Atlantic, colonial American, and Antebellum slavery. Historians of Atlantic slavery have produced works that highlight midwifery and the medicalization of enslaved reproduction during the long eighteenth century but center the Caribbean in their studies. Historians of Antebellum slavery have also discussed medicalization, reproduction, and women in American slavery, but they focus on the mid-nineteenth century. These two historiographies, when put in conversation, will contribute to the scholarship on gender and slavery, enslaved reproduction and medicine, and medicalization and midwifery.

Works concerning gender and slavery, and especially enslaved reproduction, have greatly influenced this project. Historians such as Jennifer Morgan and Katherine Paugh have engaged gender theory and intersectionality to analyze enslaved women and reproduction in the Atlantic, as well as the process of creolization via black women's reproductive capabilities.²¹ This project is built on a similar intersectional and gendered lens, and centers reproductive labor not only in the formation of slave societies but also in the development of creole communities. In order to continue this trend, this study also employs literature on creolization and community formation.²²

²¹ Jennifer Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004); Jennifer Morgan, "Partus Sequitur Ventrem: Law, Race, and Reproduction in Colonial Slavery," *Small Axe* 22, no. 1 (2018): 1-17; Katherine Paugh, *The Politics of Reproduction: Race, Medicine, and Fertility in the Age of Abolition* (Oxford: Oxford University Press, 2017); Jenny Shaw, "Birth and Initiation on the Peers Plantation: The Problem of Creolization in Seventeenth-Century Barbados," *Slavery and Abolition* 39, no. 2 (2018): 290-314.

²² James Sidbury, *Ploughshares into Swords: Race, Rebellion, and Identity in Gabriel's Virginia, 1730-1810* (New York: Cambridge University Press, 1997); Sidney Mintz and Richard Price, *The Birth of*

Many historians from within the field of gender and slavery also provided an important framework for confronting and navigating silences in the archive, of which there are many; most notably, Marisa Fuentes' frank and moving discussion concerning "the tragic permanency of historical silence and erasure" in the archive was consulted multiple times throughout this project.²³

This study necessarily overlaps with the literature on slavery and medicine. Historians such as Marie Schwartz and Sharla Fett have written extensively on medicalization and midwifery in the Antebellum South, using a gendered and intersectional approach to analyze the role of healthcare in the lives of enslaved women and within the larger institution of Antebellum slavery, and I draw upon their work consistently.²⁴ By moving the focus further back in time, however, this study works to better understand the process by which reproductive knowledge disseminated through midwifery apprenticeships and how African American midwives came to dominate plantation birthing rooms in the Chesapeake. Scholarship concerning plantation medicine in the Caribbean is also crucial to this project, as it provides a great deal of context and

African American Culture: An Anthropological Perspective (Boston: Beacon Press, 1976); Richard Price, "The Concept of Creolization," in *The Cambridge World History of Slavery* vol. 3, ed. by David Eltis and Stanley Engerman (New York: University of Cambridge Press, 2011); Gwendolyn Midlo Hall, *Africans in Colonial Louisiana: The Development of Afro-Creole Culture in the Eighteenth Century* (Baton Rouge: Louisiana State University Press, 1992); Philip Morgan, *Slave Counterpoint: Black Culture in the Eighteenth-Century Chesapeake and Lowcountry* (Chapel Hill: University of North Carolina Press, 1998).

²³ Marisa Fuentes, *Dispossessed Lives: Enslaved Women, Violence, and the Archive* (Philadelphia: University of Pennsylvania Press, 2016), 144; Jennifer Morgan, "Partus Sequitur Ventrem: Law, Race, and Reproduction in Colonial Slavery;" Sasha Turner, "The Nameless and the Forgotten: Maternal Grief, Sacred Protection, and the Archive of Slavery"; Saidiya Hartman, *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America* (New York: Oxford University Press, 1997); Sharla Fett, "Consciousness and Calling: African American Midwives at Work in the Antebellum South," in *New Studies in the History of American Slavery*, ed. by Edward Baptist and Stephanie M.H. Camp (Athens, GA: University of Georgia Press, 2006).

²⁴ Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge: Harvard University Press, 2006); Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002); Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens, GA: University of Georgia Press, 2017).

is often temporally similar to this study, in that it tends to focus on enslaved reproduction before the 1830s.²⁵

Importantly, this project connects the historiographies of enslaved reproduction and medicine with early Anglo-American midwifery. In an effort to trace the dissemination of reproductive knowledge in the eighteenth century, seen most clearly in the apprenticeships between white midwives and enslaved women, I pull literature concerning English and Anglo-American midwifery practices, seeing as white colonial midwives were originally from England.²⁶

Finally, this study engages literature on the domestic slave trade and the new history of American capitalism.²⁷ Enslaved reproduction was central to the domestic slave trade, as slaveholders came to see enslaved women's ability to reproduce as a means to create saleable commodities. The increased valuation of enslaved reproductive ability gave rise to a tandem valuation of reproductive knowledge; black women could birth commodities into existence, but

²⁵ Sasha Turner, "The Nameless and the Forgotten: Maternal Grief, Sacred Protection, and the Archive of Slavery," *Slavery and Abolition* 38, no. 2 (2017); Turner, *Contested Bodies: Pregnancy, Childrearing, and Slavery in Jamaica* (Philadelphia: University of Pennsylvania Press, 2017); Diana Paton, "Maternal Struggles and the Politics of Childlessness Under Pronatalist Caribbean Slavery," *Slavery and Abolition* 38, no. 2 (2017): 251-168.

²⁶ Robert Woods and Chris Galley, *Mrs. Stone and Dr. Smellie: Eighteenth-Century Midwives and Their Patients* (Liverpool: University of Liverpool Press, 2014); Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770* (Cambridge: Harvard University Press, 1995); Judith Walzer Leavitt, "'Science' Enters the Birthing Room: Obstetrics in America Since the Eighteenth Century," *Journal of American History* 70, no. 2 (1983); Judith Walzer Leavitt, *Brought to Bed: Childbearing in America 1750 to 1950* (Oxford: University of Oxford Press, 1986); Jane Donegan, *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America* (Westport, CT: Greenwood Press, 1978); Richard Wertz and Dorothy Wertz, *Lying-In: A History of Childbirth in America* (New Haven: Yale University Press, 1977); Laura Sandy, "Homemakers, Supervisors, and Peach Stealing Bitches: The Role of Overseers' Wives on Slave Plantations in Eighteenth-Century Virginia and South Carolina," *Women's History Review* 21, no. 3 (2012).

²⁷ Steven Deyle, *Carry Me Back: The Domestic Slave Trade in American Life* (New York: Oxford University Press, 2006); Caitlin Rosenthal, *Accounting for Slavery: Masters and Management* (Cambridge: Harvard University Press, 2018); *Slavery's Capitalism: A New History of American Economic Development*, ed. by Sven Beckert and Seth Rockman (Philadelphia: University of Pennsylvania Press, 2016); Sven Beckert, *Empire of Cotton: A Global History* (New York: Penguin Random House, 2014).

black midwives worked to ensure those commodities were delivered safely. While historians of early American capitalism tend to focus the cotton-producing lower south in their works, this study centers enslaved midwives' facilitation of the domestic slave trade as an important component within racial capitalism.

Outline

This thesis is organized into three chapters that are both thematic and semi-chronological in nature to address the dissemination of reproductive knowledge and midwifery practices, the financialization of midwifery and enslaved midwives' efforts to maintain lines of communication in creole communities amidst the rise of the domestic slave trade, and to explore the significance of enslaved midwives' role in the intimate experience of pregnancy and childbirth.

The first chapter examines the broad transition from Chesapeake slaveholders' reliance on white midwives to enslaved midwives in the early-and-mid eighteenth century. It begins by discussing the lineage of Anglo-American midwifery. This discussion, which briefly describes the English roots of American midwifery and the differences between the two practices during the eighteenth century, highlights the experiential-nature of colonial midwifery practices and explains that the majority of white midwives were highly local figures – this extends to overseers' wives, who played a crucial role in this larger transition of reproductive authority. This chapter then moves to a close-reading analysis of account and memorandum books that belonged to various Chesapeake slaveowners. This analysis reveals the apprentice-like relationships that formed between white midwives and enslaved women in this period, as the usually formulaic account entries concerning midwifery began to include the names of enslaved attendees at these births. Importantly, many of these enslaved women were later recorded as the midwives in their own right and received direct payments from enslavers for their midwifery

services. These payments are addressed in the last portion of this chapter in a discussion concerning the spectrum of payments to enslaved midwives and their coerced compensation.

The second chapter traces the rise of the domestic slave trade in the latter part of the eighteenth and early nineteenth centuries and the tandem commodification of enslaved bodies and financialization of reproductive knowledge. The chapter begins by discussing environmental and economic changes in the Chesapeake and slaveowners' reconceptualization of enslaved reproduction. This moment saw the development of a distinctly Chesapeake pronatalism; unlike Caribbean pronatalism, this phenomenon was cultural, rather than legislative, and is evident in the sharp uptick of enslaved midwife fees recorded in plantation account books. The second section of this chapter focuses on the emergence of these payment records and focuses on two particular sources wherein enslaved midwives outright demanded payment for their reproductive services. This section meditates on enslaved midwives' potential motivations for performing these jobs, the most pressing of which seems to be an effort to reclaim enslaved reproduction as under the purview of enslaved women, and to place black women and their children within the context of kinship rather than commodity. The third section is a case study that focuses on an enslaved midwife named Rachael, who worked as midwife at Thomas Jefferson's Monticello and Poplar Forest plantations for sixteen years. In that time, Rachael created and provided lines of communication and as such maintained connections between members of a creolized African American community.

While the previous two chapters focus on broad changes in the Chesapeake and the importance of enslaved midwives to their communities, the final chapter of this project looks at the relationship between enslaved midwives and mothers, and these intimately felt aspects of creolization in the moments of childbirth. This chapter is framed around Rachael and Fanny;

Rachael, an enslaved midwife who worked at Thomas Jefferson's properties, assisted Fanny in the delivery of her son. The chapter begins by exploring enslaved midwives' role in plantation pregnancy, centering the dangers of miscarriage and extreme workloads. The next section works to reconstruct an eighteenth-century plantation birthing room, and to understand the significance of enslaved midwives in that space. Specifically, this section explores racial understandings of parturient pain and pain thresholds – in other words, the belief that women of African descent could not feel pain in childbirth. This belief, commonly held by white physicians and enslavers alike, was central to American slavery, as it questioned the maternal connection between black mothers and their children and justified the degradation of black kinship within slavery. The presence of enslaved midwives worked to undermine this violence, as they not only appropriated the physical space of the birthing room but in doing so were also able to reclaim the sanctity and dignity of enslaved motherhood. This chapter concludes by discussing enslaved midwives and their role in postpartum care. More so than the other chapters, this section is largely informed by the Antebellum South; this third and final section is largely meditative in nature, as there are little archival remnants of this vital relationship between enslaved midwives and the mothers they attended.

This project is, above all else, a work of redress and recovery, as the position of midwives and their importance in the process of creolization and community formation has been long ignored. The significance of these women's lives and their contributions to the creation and maintenance of their communities have been routinely overlooked and discounted in the face of an apathetic and often violent archive; indeed, to study enslaved women is to “reckon with the

tragic permanency of historical silence and erasure.”²⁸ I hope above all else that in completing this project I have given these women a small portion of the credit they are so very due.

²⁸ Marisa Fuentes, *Dispossessed Lives: Enslaved Women, Violence, and the Archive* (Philadelphia: University of Pennsylvania Press, 2016), 145.

Transitions in Chesapeake Midwifery

Throughout much of the colonial period, white midwives were active and present on Chesapeake plantations, serving white women and black women alike. There is a distinct shift, however, that occurred as early as 1725, wherein white midwives began to teach enslaved women their practice in an apprentice-like role. Over the course of the eighteenth century, it seems, black midwives increasingly appeared in the birthing room; this phenomenon has been largely ignored in the scholarship.

This chapter is an attempt to trace the dissemination of reproductive knowledge and midwifery practices in the Chesapeake during the colonial and revolutionary eras. While much work has been dedicated to white midwives in England and North America during the eighteenth century, and scholars have examined enslaved and black midwifery in the Antebellum period, there has been little exploration into the process by which reproductive knowledge was disseminated.²⁹ This chapter aims to fill this gap in the literature, and to offer an examination of the ways in which reproductive duties, namely midwifery, transitioned from the purview of white women to enslaved women over the course of the eighteenth century. Indeed, in understanding the ways through which midwifery practices were passed between white and black women in the Chesapeake, historians can better understand how enslaved women came to dominate the plantation birthing room by the early nineteenth century.

This chapter will begin with a discussion of early white midwives on Chesapeake plantations, with special consideration for the presence of overseers' wives. This is followed by

²⁹ For further reading concerning white midwives, please see Judith Leavitt's book, *Brought to Bed: Childbearing in America 1750 to 1950*; and Jane Donegan's book, *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America*.

For further reading concerning Antebellum enslaved midwifery, please see Sharla Fett's essay, "Consciousness and Calling: African American Midwives at Work in the Antebellum South," as well as her book, *Working Cures: Healing, Health, and Power on Southern Slave Plantations*, and Marie Jenkins Schwartz's book, *Birthing A Slave: Motherhood and Medicine in the Antebellum South*.

an exploration into the account books of several Chesapeake slaveowners, all of whom exhibited a shift towards employing enslaved midwives on their plantations – the beginnings of this shift range, but we generally see enslavers making the change by mid-century. Lastly, this chapter will make note of the importance of payment in these cases, and how the very nature of midwifery requires historians to expand our ideas of coerced compensation.

Early Midwifery, English Influences, and Overseers' Wives

While seventeenth-century English midwives were almost exclusively female, the eighteenth century was a time of rapid development and change for English midwifery and saw the rise of male involvement in the birthing room. Before the eighteenth century midwifery and childbirth were largely excluded from the field of medicine and the interest of physicians; indeed, most "normal" births were left to the purview of women, and doctors were only called upon when problems occurred during deliveries. This seemed to change, as "during the eighteenth century the [emerging] man-midwife in England had advanced from being merely an attendant on the emergencies of childbirth to gaining a hold on the greater part of the best-paid midwifery."³⁰ This shift remained largely divided by class, however, with man-midwives being most popular amongst wealthy women - forceps and a male physician were, in some sense, a fashionable choice for London's pregnant elite.³¹

The invention of the forceps in 1735, along with the assurances of a formal medical degree, gave man-midwives a certain advantage over traditional female-centric midwifery. This formal degree, while comforting amongst elite women, usually produced new man-midwives

³⁰ Robert Woods and Chris Galley, *Mrs. Stone and Dr. Smellie: Eighteenth-Century Midwives and Their Patients* (Liverpool: University of Liverpool Press, 2014), 14.

³¹ Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660 – 1770* (Cambridge: Harvard University Press, 1995), 3-5.

whose knowledge was limited to what they had learned in lecture; indeed, little physical training occurred, and often the first time a young physician gained any hands-on experience was during his first delivery. While extremely limited, the formal education of midwives in England – both men and women – resulted in the production of numerous midwifery manuals, many of which crossed the Atlantic.

English midwifery manuals were popular amongst the literate Chesapeake elite, and there is evidence of a variety of manuals being advertised in Chesapeake newspapers. Indeed, in March of 1785 the *Maryland Journal* featured an advertisement for Murphy's Bookstore and Circulating Library, in which they list "Hamilton's Midwifery; Smellie's [Midwifery], with his Anatomical Tables," and "Culpepper's [Midwifery]" as for sale.³² These manuals were likely popular because London midwives were extremely well-regarded by Americans. Many colonists looked to London, and indeed much of mainland Europe, as a guide to the "new obstetrics."³³ The prestige of London midwives appears not only in advertisements for manuals, but also for services. In a 1788 edition of the *Columbian Herald*, a South Carolina newspaper, an advertisement was published to announce the arrival of Mrs. Graham, a London midwife, to Charleston, and noted that she "arrived here, last week from London, by way of Providence," and

³² "At Murphy's Book Store and Circulating Library." *Maryland Journal* XII, no. 20 (Baltimore, Maryland: March 11, 1785): 3. *Readex: America's Historical Newspapers*.
<https://infoweb.newsbank.com/apps/readex/doc?p=EANX&docref=image/v2:108D68C94D87BEC0@EANX-108C9911224423F8@2373088-108C9911B4F2FA38@2-108C9913AAF00120@Advertisement>.

As a note, the full titles of the books are as follows:

A Treatise of Midwifery: Comprehending the Management of Female Complaints and the Treatment of Children in Early Infancy, by Alexander Hamilton; *A Treatise on the Theory and Practice of Midwifery* and the accompanying anatomical atlas, *A Sett of Anatomical Tables, With Explanations, and an Abridgement of the Practice of Midwifery*, both by William Smellie; and *A Directory for Midwives: or a Guide for Women in their Conception, Bearing, and Suckling their Children*, by Nicolas Culpepper.

³³ Judith Walzer Leavitt, "'Science' Enters the Birthing Room: Obstetrics in America Since the Eighteenth Century," *The Journal of American History* 70, no. 2 (September 1983): 283.

As a note, these "new midwifery" practices are credited to Dr. William Shippen, who was trained in London, returned to Philadelphia, and created the first series of lectures on the practice of midwifery in the mid-eighteenth century.

that she was "in the midwifery line." The advertisement continues, stating that Mrs. Graham was "a valuable acquisition to Charleston, as she was many years Matron and Midwife of the Middlesex hospital, where she not only practiced, but had pupils and read lectures."³⁴ Her emphasis on her London teaching and work experience is indicative of the social currency these aspects held in the still largely female controlled sphere of childbirth.

Indeed, while English midwifery was growing increasingly professionalized – and in turn dominated by young, male physicians – throughout the eighteenth century, the typical white American midwife was not formally educated in obstetrics and depended on experiential learning through apprenticeships and personal encounters with labor and childbirth. While American and English midwifery shared common roots, as "colonial midwives initially came from England," American midwifery did not medicalize in stride with English practices.³⁵ American midwifery remained more firmly under the control of women throughout the eighteenth century, and while "there was a long history of male involvement in professional women's healthcare in Europe, American women...[often] tended to one another when they gave birth," especially working-class white women and black women.³⁶

Childbirth remained a fraught and terrifying experience throughout the eighteenth and well into the nineteenth century. Parturient women were vulnerable and knew how dangerous childbirth could be, and to help combat this fear American women "armed themselves with the

³⁴ "Mrs. Graham Advertisement," *Columbian Herald* no. 366 (March 10, 1788): 3. *Readex: America's Historical Newspapers*.
<https://infoweb.newsbank.com/apps/readex/doc?p=EANX&docref=image/v2:10CE5F72741F6A10@EANX-10EF55C2A88824F8@2374183-10EF55C2F8ACD9A0@2-10EF55C3CC4B1458@An+Extraordinary+Murder%2C+Which+Lately+Happened+in+London+O.+Monday+%28Dec.+5%29>.

³⁵ Richard Wertz and Dorothy Wertz, *Lying-In: A History of Childbirth in America* (New Haven: Yale University Press, 1977), 6.

³⁶ Dierdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens, GA: University of Georgia Press, 2017), 16.

strength of other women who had passed through the event successfully."³⁷ Indeed, "women suffered through the agonies and dangers of birth together, sought each other's support, and shared the relief of successful deliveries and the grief of unsuccessful ones."³⁸

Though English midwifery was becoming increasingly formalized and in turn becoming increasingly masculinized across the Atlantic, Americans, with the exception of elite white women, continued to view male midwives as inappropriate and invasive throughout the early eighteenth century.³⁹ In a 1722 edition of the *Virginia Gazette*, male midwives were described as "immoral," and this opinion stemmed from a persistent belief that "maintaining women's health was a job divinely ordained for women."⁴⁰ However, the 1760s saw the spread of new English obstetrics to America, and "the traditional midwifery habits began to change along the pattern already evolving in Europe."⁴¹

Despite the influx of male midwifery in the 1760s, the majority of midwives practicing in eighteenth century America were highly local figures without formal training.⁴² Indeed, local midwives "were empirics who gained their knowledge of the birth process through observation and personal experience," and reproductive knowledge was most often passed orally from woman to woman. It can be difficult to track changes in midwifery practices before the inclusion

³⁷ Judith Leavitt, "'Science' Enters the Birthing Room: Obstetrics in America Since the Eighteenth Century," *Journal of American History* 70, no. 2 (1983): 282.

³⁸ Leavitt, "'Science' Enters the Birthing Room," 282.

³⁹ For further reading on middle class and elite white women's relationship with burgeoning obstetric practices in America please see Judith Leavitt's book, *Brought to Bed*.

⁴⁰ Cooper Owens, 17, 16.

⁴¹ Jane Donegan, *Women and Men Midwives: Medicine, Morality, and Misogyny in Early America* (Westport, CT: Greenwood Press, 1978), 4.

⁴² For information concerning the importance of midwives outside of the south to their community, please see Laurel Thatcher Ulrich's *A Midwife's Tale*.

of men and in turn the medicalization and formalization of obstetrics, as "most knowledge of midwifery was learnt through experience and disseminated by word of mouth."⁴³

In addition to local women who worked as midwives, overseers' wives performed much of the obstetric work – and other general healthcare labor – on eighteenth century plantations. While the labors of these women and their contributions to plantation life have often been overlooked by earlier scholarship, Laura Sandy points out that overseers' wives "were paid to run the dairy, tend to poultry and livestock, supervise and instruct spinners and weavers, make cloth, and *act as nurses and midwives* to all those living on the plantation, black and white."⁴⁴ Indeed, it was quite common for overseers' wives to bring in extra income for their families through practicing midwifery, and there is evidence that this was especially common in Virginia and the Carolinas.⁴⁵

Susannah Bishop, the wife of overseer Thomas Bishop, was one such midwife. Her husband worked at several of George Washington's properties in varying capacities for years, including at Muddy Hole plantation in "June of 1766, June of 1767, June of 1768, and June of 1769."⁴⁶ While living at Muddy Hole, Susannah Bishop was midwife to several of Washington's enslaved women. While it seems that Susannah's earliest deliveries aligned with her husband's first stint as an overseer, after 1767 she regularly appears in account and memorandum books. In

⁴³ Galley and Woods, 235.

⁴⁴ Laura Sandy, "Homemakers, Supervisors, and Peach Stealing Bitches: The Role of Overseers' Wives on Slave Plantations in Eighteenth-Century Virginia and South Carolina," *Women's History Review* 21, no. 3 (2012): 486. Emphasis mine.

⁴⁵ *Ibid.*, 494.

⁴⁶ "Thomas Bishop," *The Digital Encyclopedia of George Washington*, The Mount Vernon Ladies Association, <https://www.mountvernon.org/library/digitalhistory/digital-encyclopedia/article/thomas-bishop/#note2>.

fact, "Susannah Bishop delivered the majority of enslaved children on the Mount Vernon estate until after the Revolution in 1785."⁴⁷

Susannah was not the only wife of a manager or overseer to work as a midwife on the property, only the most prolific. At least six other white women, all wives of servants, performed midwifery services in the mid-to-late-eighteenth century.⁴⁸ Interestingly, Susannah Bishop appears in Washington's account books as both connected to her husband and in Cash Memorandum records, which generally record petty cash payments. For several months in both 1769 and 1770, Washington recorded payments to Susannah in her husband's dedicated account page; for example, the entry from February of 1769 reads "by your wife laying Phillis to Bed," and later in October of 1770 ten shillings were paid "to your wife for lay[ing] Negro Sarah."⁴⁹ On the other hand, Washington also directly paid Susannah for her deliveries; on April 20 1776, for instance, one pound was paid on account of George Washington "to Mrs. Bishop for laying two negroe women (Betty at the Ferry and Daphne in the Neck)," and in July of 1778 one pound and ten shillings were paid "to Mrs. Bishop for laying HH Betty, Peg and Daphne in the Neck."⁵⁰

Overseers' wives seemed to actively practice midwifery throughout the Chesapeake, not just in Virginia. On August 31, 1773, William Ennalls, a Maryland planter, paid "Molly Harrison (my overseer's wife) for serving as Phillis with twins 15/ and Celia and Lucia each

⁴⁷ Sarah Collini, "The Labors of Enslaved Midwives in Revolutionary Virginia" in *Women in the American Revolution: Gender, Politics, and the Domestic World*, ed. by Barbara Oberg (Charlottesville, VA: The University of Virginia Press, 2019), 22.

⁴⁸ Mary Thompson, "*The Only Unavoidable Subject of Regret*": *George Washington, Slavery, and the Enslaved Community at Mount Vernon* (Charlottesville, VA: The University of Virginia Press, 2019), 79.

⁴⁹ George Washington, *Ledger A 1750-1774 (3A)*, The Fred W. Smith National Library for the Study of George Washington, 247.

⁵⁰ Lund Washington, *Transcript of Lund Washington's Account Book 1772 – 1786 (18A)*, The Fred W. Smith National Library for the Study of George Washington, 53, 75.

As a note, "the Neck" refers to Clifton's Neck, a farm which Washington would later call River Farm. Likewise, "HH" refers to Home House, or the area immediately surrounding Washington's home, and "the Ferry" refers to Ferry farm.

10/."⁵¹ Harrison assisted three enslaved women in labor, likely over the course of six months, and earned a total of one pound and fifteen shillings for her labor.

Anglo midwifery practices and the local white women who performed them were prolific and vital to early enslaved reproduction on Chesapeake plantations. These white women (and especially overseers' wives) were likely intimately involved in the lives of the enslaved mothers they tended to, or at least to a higher degree than the men and women who owned them. These relationships would become lucrative towards the mid-eighteenth century, as enslavers began to recognize the value not only of enslaved reproduction, but also reproductive knowledge; efforts to vertically integrate plantation life resulted in an entirely new relationship between white midwives and enslaved women.

Apprenticeships and Disseminated Practices

Throughout the seventeenth and early-eighteenth centuries, white midwives were common figures on Chesapeake plantations, and indeed far more common than black or enslaved midwives. The dominance of white women as midwives seems to stem from the gender ratios of newly arrived Africans to the Chesapeake, as this reliance on white midwives was not seen in the Caribbean.⁵²

While the majority of enslaved people purchased in Jamaica during the mid to late eighteenth century were male, over a fourth of the newly imported population was made up of adult women.⁵³ This is in sharp contrast to the imported population in North America. While

⁵¹ William Ennalls, *Memorandum Book 1771-1774*, Library of Congress Manuscript Division, *The William Ennalls Papers*.

⁵² Please see Sasha Turner's book, *Contested Bodies: Pregnancy, Childbirth, and Slavery in Jamaica*, for further reading on Caribbean enslaved birth practices.

⁵³ Sasha Turner, *Contested Bodies: Pregnancy, Childbearing, and Slavery in Jamaica* (Philadelphia: University of Pennsylvania Press, 2017), 47.

Africans who were newly imported to North America were largely male, like in the Caribbean, unlike West Indian colonies many of the girls purchased by enslavers were precisely that – girls, or adolescents, who were often between the ages of 12 and 15 and who would have had little personal knowledge or hands-on experience with childbirth or midwifery.⁵⁴

This lack of personal experience, which was essential to an experientially learned skill like midwifery, ultimately meant that traditional West African midwifery practices did not travel well across the Atlantic. Because of this, enslavers relied on white midwives throughout the early eighteenth century to deliver enslaved children and increase their slaveholding, and this "assistance reflected customary [Anglo] birthing practices...as well as the owners' financial interest in preserving the health of both the mothers and their enslaved offspring."⁵⁵ In the context of a predominantly young female enslaved population, these hired white midwives likely "provided skills that were in short supply" in the eighteenth century. Because young enslaved women were most likely captured in their mid to late teens, "their collective experience with childbirthing was perhaps limited," and a great deal of "the accumulated medical knowledge of older African women must surely have been lost in the forced migration to the New World."⁵⁶ Scholars have also noted that the rate of natural increase present in North American colonies resulted in a creole community "that retained fewer African culture-ways, while those of the Caribbean or Latin America, where mortality rates consistently out-paced fertility, remained sites

Of enslaved Africans imported from 1769-87, 49% were adult men, 27% were adult women, 12% were boys, and 12% were girls.

⁵⁴ "Health and Health Care," *African American Heritage and Ethnography*, National Park Service, <https://www.nps.gov/ethnography/aah/aaheritage/ChesapeakeF.htm>.

⁵⁵ Lorena Walsh, *From Calabar to Carter's Grove: The History of a Virginia Slave Community* (Charlottesville, VA: The University of Virginia Press, 1997), 173.

⁵⁶ Walsh, 174.

of vibrant and tangible links to the African past."⁵⁷ Therefore, the particular combination of young women inexperienced with childbirth and the rapid rate of natural reproduction resulted in planters' dependence on white midwives throughout the seventeenth and early eighteenth centuries.

Nevertheless, we begin to see a slow transition from predominantly white to black and enslaved midwives beginning in the 1730s and 40s – a process largely completed by the end of the century. This transitional process began with white midwives slowly appearing less and less frequently in account books, in conjunction with the inclusion of enslaved midwives in account books, though largely unpaid; this record keeping points to an apprentice-like role. The slow transition from white to black midwifery certainly points to an effort to vertically integrate the plantation system – Chesapeake planters most likely organized these apprenticeships with the express purpose of eliminating financial waste, as they often paid enslaved midwives less than their white counterparts and do seem to have only been paid if a child was produced, unlike white midwives who were occasionally paid for attending to women experiencing miscarriages.⁵⁸ Scholars such as Alan Kulikoff have pointed out that the eighteenth century saw a large-scale reorganization of plantation labor, noting that as the number of Chesapeake-born slaves continued to increase exponentially "blacks performed an ever-rising proportion of the agricultural and industrial labor of the region" as planters trusted native-born slaves with greater responsibilities.⁵⁹ This process of transferring skilled knowledge from white women to enslaved women seems to have been an important part of this process. However, we should also consider

⁵⁷ Jennifer Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004), 108.

⁵⁸ John Allen, *Allen Family Account Book, 1721-1754*, Library of Virginia, Accession 43393, Misc. Reel 5329, 157.

⁵⁹ Alan Kulikoff, *Tobacco and Slaves: The Development of Southern Cultures in the Chesapeake, 1680-1800* (Chapel Hill: University of North Carolina Press, 1988), 396.

other motivations for this switch, even if Chesapeake planters were largely economically driven; these other motivations potentially include an effort to better distinguish the social differences between poor whites and enslaved blacks as a means to affirm racial hierarchies in the Chesapeake.

In some family accounts there is little evidence to suggest that black midwives appropriated the reproductive care and duties on plantations. In these cases, it is necessary to look more closely at the appearances of white midwives in memorandum and account books. For example, Lorena Walsh found that the Burwell family regularly paid a number of white midwives to assist enslaved women in birth. Indeed, she notes that up until 1775 the Burwell's account books thoroughly recorded payments to midwives, which makes the steady decline and eventual lack of recorded midwifery payments all the more intriguing.⁶⁰ The lack of midwifery payments past this point could simply be a lapse in recordkeeping, though Walsh points out that it would be highly unlikely that the Burwells would have "continued the family practice of calling in midwives but routinely failed...to record payments, and it is even more improbable that [they] decided to cut costs so drastically as to eliminate their services," considering the importance of safe deliveries and enslaved offspring in Chesapeake slave societies.⁶¹ That being said, the natural conclusion to be drawn here is that the Burwell family likely transitioned from a reliance on local white midwives to using unpaid, enslaved midwives that they themselves likely owned, as there is no record indicating payments made to outside planters.

Edward Dixon's memorandum book shows a similar pattern. He regularly paid white women for midwifery services in the 1740s, but this seems to stop with a final payment to Lucey

⁶⁰ Walsh, 174-175.

⁶¹ Walsh, 175.

Dingle in January of 1748.⁶² Other business carried on, and Dixon continued to sell things to and pay for services provided by these women, though he does not pay for a midwife after 1748. Because regular business continued, it is probable that the enslaved women he owned continued to give birth and midwives continued to assist with these deliveries; however, the absence of midwifery payments strangely suggest that those reproductive practices had been assumed by enslaved women whom Dixon did not feel obligated to pay. Indeed, "from this negative evidence one is left with the supposition that toward the [mid and late] 1700s [enslaved] women gained almost complete autonomy over their childbirthing."⁶³

These silences in the archive are indicative of a transition to a dependence on enslaved reproductive labor and knowledge, which became more visible as the eighteenth century continued. Before enslaved midwives were paid for their reproductive services, they appear to have occupied an apprentice-like role wherein they worked alongside white midwives in the deliveries of fellow enslaved women. According to the Allen family account book, Mary Jordan was paid ten shillings for "bringing Bess to bed *with* Dinah" in January of 1725.⁶⁴ The apprenticeship is indicated in the use of the word "with," which was unusual up to this point and does not appear in most account entries concerning midwifery or childbirth. In this particular case, the use of the word "with" suggests that Dina, most likely an enslaved woman as no last name was recorded, assisted Mary Jordan, a white midwife who had delivered other children belonging to the Allen family, with Bess' labor and delivery. In later years this seems to become increasingly common. In March of 1727 Sarah Hunt, another white midwife, received ten

⁶² Edward Dixon, *Dixon Account Book*, Library of Congress Manuscript Division, *Edward Dixon Papers*, Reel 1; He regularly pays Martha Hellier, Sarah Dick, and Lucey Dingle.

⁶³ Walsh, 175.

⁶⁴ Allen, *Allen Family Account Book, 1721-1754*, 134. Emphasis mine.

shillings for "bringing Dina to bed with Kate," ten shillings for "bringing Joan to bed with Robin," and another ten shillings "for bringing Bess to bed with [Robin]." ⁶⁵

While the use of the word "with," and with it the evidence of these midwifery apprenticeships, does not appear in the record until well into the eighteenth century, it is possible that enslaved women had always assisted white midwives and that this change in record keeping was a result of enslavers moving towards a relatively sole dependence on enslaved midwives. Indeed, it is this act of record keeping that is most intriguing. These instances were recorded in account and memorandum books, which were generally reserved for monetary or goods transactions – why then would Chesapeake planters record the presence of black women, who had likely been attending and assisting births before this period, when they had not been compensated in any way? What facilitated this effort to record black women's role in reproductive labor before any money had changed hands? This conscious effort to record and track the involvement of enslaved women in plantation midwifery and their education concerning reproductive knowledge points to a significant level of foresight on the part of planters. It would seem that enslavers were making a purposeful shift from white to black midwives in an attempt to vertically integrate plantation life, which would overall reduce reproductive labor costs while still maintaining a certain level of reproductive support and healthcare. In arranging these apprenticeships, slaveholders facilitated the cultural appropriation, a crucial component of creolization, of midwifery practices. ⁶⁶

This trend continued and evolved throughout the eighteenth century, and by the 1770s enslaved women were not only assisting white midwives with deliveries but being compensated directly for their midwifery services. A number of white midwives had assisted the enslaved

⁶⁵ *Ibid.*, 139.

⁶⁶ Sidbury, *Ploughshares Into Swords*, 5.

mothers on William Ennalls's Maryland plantation for years, the most common being Ann Smith. In December of 1771 Smith was paid twenty shillings "for serving as midwife to Phoebe last week and to Dinah in October last," and on August 24, 1772 she was paid ten shillings for "serving as midwife last week to Janty."⁶⁷ Her experience with this enslaved community made her the likely choice for teaching Ennalls's enslaved women midwifery practices, as we can see from 1772 onwards. In fact, the woman who would become her apprentice was also a patient of hers. She was paid in December of 1771 for assisting Phoebe in labor. Indeed, it was common for enslaved women to receive training in midwifery from white midwives, beginning with their own personal experiences with childbirth.

On July 25, 1772, William Ennalls paid "Negro Phoebe for serving as midwife to Ama...and [paid] Nanny Smith for coming to her."⁶⁸ Importantly, he split the usual ten-shilling payment between the two women equally, marking the first time Ennalls compensated an enslaved woman for her reproductive services. This split, though seemingly unusual and relatively unique, certainly highlights the importance some planters placed on the enslaved women's education and the highly regarded position of midwives within the plantation economy. The mentor relationship between Smith and Phoebe continued, as on August 30, 1773, in addition to being paid ten shillings for "serving as midwife to Jon[']s wife some time since," Ann Smith was also paid five shillings for "assisting" Ama in labor once again.⁶⁹ That same day,

⁶⁷ Ennalls, *Memorandum Book 1771-1774*.

As a note, the other white midwives included Ann Guffin and Molly Harrison (who was the wife of Ennalls' overseer), who were paid for delivering enslaved children on July 1, 1772, and August 31, 1773, respectively.

⁶⁸ *Ibid.*

Because of Anna Smith's frequent deliveries on the Ennalls property, it is most likely that Anna Smith and Nanny Smith are the same woman. Indeed, titles such as "nanny" and "granny" seem to have been interchangeable with "midwife" at the time.

⁶⁹ *Ibid.*

Phoebe was paid five shillings "for delivering Ama."⁷⁰ It is likely that Phoebe had assisted Ann Smith long before these particular entries, but was not paid because she may not have been seen as the most active participant. However, in both these paid instances, in 1772 and 1773, the active role of midwife seems to shift from Ann Smith to Phoebe; notably in 1772, Phoebe was credited as a "midwife," and in 1773 she was recorded as having "delivered Ama." Ann Smith, on the other hand, was recorded as "coming to [Ama]" and "assisting Ama in [labor]," which suggests that at this point Phoebe's training was drawing to a close and Smith's role on the plantation was becoming obsolete.⁷¹

In 1774, Ennalls recorded Phoebe as the sole practitioner in two deliveries, thus seemingly ending the apprenticeship. On February 1, 1774 Phoebe was paid "for serving [last] summer as midwife to Liddy...and to Jon's Dina last night."⁷² For these deliveries, Phoebe was paid seven shillings and six pence each, coming to fifteen shillings in total - five shillings more than she would have made as an assistant to Ann Smith. However, this was also five shillings less than every white midwife working for Ennalls would have made for two deliveries, meaning her reproductive labor and knowledge as an enslaved woman was valued at three quarters that of a white woman. This suggests that the training Phoebe received and the decision to make her a stand-alone midwife was indeed a business one, a choice William Ennalls would have made as an effort to maintain the same level of reproductive care his property received while also saving money. It seems unlikely that any white midwife would have voluntarily chosen to lose business

⁷⁰ *Ibid.*

⁷¹ *Ibid.*

⁷² *Ibid.*

to an enslaved woman, so the decision to transition to a system of reproductive labor dominated by black women was most likely Ennalls's idea.⁷³

The transition from white to enslaved midwives was not always as clear in the archival record as with the Allen and Ennalls account books, but there is still evidence that points to a general movement. Thomas Jefferson employed multiple white women as midwives throughout the eighteenth century and beginning in 1792 he began regularly paying Mrs. Sneed for delivering enslaved children on his Monticello plantation.⁷⁴ Jefferson paid Sneed over three dollars in 1792 for an unspecified reason, but in November of 1796 she was paid twelve dollars "in full for Tamar, Ned's Jenny, Iris & Mary."⁷⁵ This account book entry, though it does not explicitly state she was paid for midwifery, mirrors that of other midwife payments and the women listed did in fact give birth around 1796.⁷⁶ Jenny Gillette, wife of Ned Gillette, gave birth to her son, James, on June 14 1796; Iris gave birth to her daughter, Joice, on May 6 1796; Mary gave birth to Suckey on May 5 1796; Lucy's, Tamar's daughter, birthdate is unknown, but her

⁷³ In addition to her experience with the enslaved women on the Ennalls' plantation, Ann Smith's age may have also factored into her decision to train Phoebe. As an older woman (she is referenced to as "Nanny," a word often interchangeable with "granny," in 1772), she may have felt that she wasn't necessarily losing business as she may not have been able to keep up. This is in contrast to midwives like Molly Harrison, who was an overseer's wife and thus was likely younger than Smith.

⁷⁴ Thomas Jefferson, "Memorandum Books, 1792," *Founders Online*, National Archives, <https://founders.archives.gov/documents/Jefferson/02-02-02-0002>.

As a note, it seems that Jefferson employed local women depending on their geographical location. Mrs. Sneed (also referred to as Mrs. Sneed), was the wife of Benjamin Sneed, a schoolteacher in Albermarle county. Because she was located firmly in Albermarle county, she only delivered children on the Monticello plantation, and unlike a later enslaved midwife she does not travel outside the county to his other plantations.

⁷⁵ *Ibid.*; Jefferson, "Memorandum Books, 1796," *Founders Online*, National Archives, <https://founders.archives.gov/documents/Jefferson/02-02-02-0006>.

⁷⁶ In fact, Mrs. Sneed is not referred to explicitly as a midwife or granny in the account books.

mother gave birth to another child a few years earlier so it is indeed possible that Lucy was born in 1796 as well.⁷⁷

Important contextually for the evolution of plantation midwifery, Sneed was also paid six dollars in 1797 for acting as midwife to Rachael, Isabel, and Minerva.⁷⁸ Isabel Hern gave birth to her daughter, Indridge Hern, on March 30 1797; Minerva gave birth to her daughter, Beck, in 1797; and Rachael gave birth to her daughter, Lazaria, on March 22 1797.⁷⁹ This direct interaction between Sneed and Rachael was extremely important, as Rachael, an enslaved woman, would become the sole recorded midwife on Jefferson's Albermarle and Bedford county farms from 1809 until 1825. Indeed, it is possible that Rachael learned her midwifery practice from Mrs. Sneed, "perhaps starting in those intimate moments of childbirth."⁸⁰ Interestingly, this particular experience with Mrs. Sneed would manifest itself fully seventeen years later, as Rachel assisted her daughter Lazaria, the child Mrs. Sneed delivered, in the delivery of her grandson, Marshall.⁸¹

It seems that many enslaved women who would become midwives had similar experiences with childbirth via a white midwife. As discussed earlier, Susanna Bishop was midwife to many enslaved women on George Washington's Muddy Hole farm and delivered multiple of Kate's four recorded children. Washington paid Bishop ten shillings in July of 1767 for bringing "Kate to bed," and again in June of 1769 for "laying Muddy Hole Kate."⁸² Several

⁷⁷ B. Bernetae Reed, *The Slave Families of Thomas Jefferson: A Pictorial Study Book with an Interpretation of His Farm Book in Genealogy Charts, Volume 1* (Greensboro, NC: Sylvest-Sarah, Inc., 2007), 204, 197, 221, 210.

⁷⁸ Jefferson, "Memorandum Books, 1797," *Founders Online*, National Archives, <https://founders.archives.gov/documents/Jefferson/02-02-02-0007>.

⁷⁹ Reed, 188, 182.

⁸⁰ Collini, 22.

⁸¹ Jefferson, "Memorandum Books, 1814," *Founders Online*, National Archives, <https://founders.archives.gov/documents/Jefferson/02-02-02-0024>.

⁸² *Washington Ledger A 1750-1774*, 247, 252.

years later, Kate petitioned George Washington for a formal position as midwife in 1794. In a letter to William Pearce, an overseer, Washington wrote that "an application was made to me by Kate at Muddy Hole (through her husband Will) to lay the Negro women (as a Grany) on my estate," and noted that Kate had intimated "that she was full as well qualified for this purpose as those into whose hands it was entrusted and to whom I was paying twelve or 15 a year."⁸³ It is important to note that in this interaction we once again see overseers' wives making a distinct appearance in this process, as they often apprenticed enslaved midwives.

Enslaved women's increased participation in reproductive healthcare on Chesapeake plantations seems to have been a part of the larger process of creolization during the eighteenth century. Creolization as a process refers to a meeting and exchange of cultures that results in the creation of a unique culture or community, and black women's gradual assumption of plantation midwifery increased the mobility of enslaved women and allowed them to create and maintain community connection across vast distances.⁸⁴ While we have little written evidence of black midwifery practices in this period, thus making it difficult to assert the degree to which these knowledges were exchanged with and influenced by African practices, enslaved women's appropriation of the birthing room facilitated a significant development and restructuring in the enslaved community.

As black midwives moved into these reproductive spaces formerly dominated by white women, the dynamic of midwifery apprenticeships most likely shifted from a relationship between white and black women to a relationship between elderly and young enslaved women. Indeed, it was "not uncommon for the calling to midwifery to have a lineal dimension, with the

⁸³ Collini, 22; George Washington, "Letter from George Washington to William Pearce, August 17, 1794," *Transcripts Relating to General Washington's Slaves 2F*, Fred W. Smith National Library for the Study of George Washington.

⁸⁴ For a more in-depth discussion on the impressive mobility of enslaved midwives please see the second chapter of this work.

position being passed from women of one generation to another."⁸⁵ Though it is difficult to pinpoint these relationships exactly, "given the oral basis of African American midwifery practice and the exclusion of such voices from early archives," skilled trades such as this were often passed down from generation to generation.⁸⁶ In fact, Deborah Gray White explains that in the Antebellum period "many midwives learned their skill from a female relative," and it was through elderly black midwives that doctoring practices and herbal knowledge were disseminated.⁸⁷ Contextually, Caribbeanists have noted a similar mode of knowledge sharing; while not speaking exclusively of black women, Katherine Paugh has explained that "Caribbean midwives during [the eighteenth century] left no diaries or personal papers," as most were illiterate.⁸⁸ Because of this dearth of written evidence, it has become clear that "medical knowledge was therefore passed by word of mouth among enslaved midwives."⁸⁹

Enslaved midwives were often referred to as "grannies" in planter's account books – in 1777 Thomas Jefferson paid a "negro granny" at his Elk Island farm, and William Washington repeatedly paid Pegg, who is referred to as both "Pegg the Midwife" and "Old Pegg the Granny," throughout the 1780s.⁹⁰ While this suggests the average age of enslaved midwives, who were often elderly women who had already given birth to children of their own, this title also gives us

⁸⁵ Laurie Wilkie, "Granny Midwives: Gender and Generational Mediators of the African American Community," in *Engendering African American Archaeology: A Southern Perspective*, ed. by Jillian Galle and Amy Young (Knoxville: The University of Tennessee Press, 2004), 79.

⁸⁶ Sharla Fett, "Consciousness and Calling: African American Midwives at Work in the Antebellum South," in *New Studies in the History of American Slavery*, ed. by Edward Baptist and Stephanie M. H. Camp (Athens, GA: University of Georgia Press, 2006), 66.

⁸⁷ Deborah Gray White, *Ar'n't I a Woman?* 129, 116; Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002), 130. Historians have noted this similarly in Caribbean midwifery; for further reading, please see Katherine Paugh's book, *The Politics of Reproduction: Race, Medicine, and Fertility in the Age of Abolition*, and specifically her chapter entitled, "A West Indian Midwife's Tale."

⁸⁸ Katherine Paugh, *The Politics of Reproduction: Race, Medicine, and Fertility in the Age of Abolition* (Oxford: Oxford University Press, 2017), 124.

⁸⁹ Paugh, 124.

⁹⁰ Jefferson, "Memorandum Books, 1779"; William Washington, "William Washington Ledger A, 1776-1792," Manuscript Division, Library of Congress, Washington, D.C.

a glimpse into the role these women played within their communities.⁹¹ The title of granny implies a familiarity with the mothers she attended; indeed, "older black women gained the trust of their charges in part because they lived among the men, women, and children whom they doctored."⁹² This title also suggests the matrilineal nature of midwifery knowledge, as "doctoring knowledge often passed between mothers and daughters," and thus reaffirms the change in apprenticeship relations.⁹³

With the shift from white to black midwives in plantation birthing rooms coming to completion towards the end of the eighteenth century, we see a sharp uptick in payments made to enslaved midwives as well.

Coerced Compensation

The practice of paying enslaved midwives has been scarcely discussed amongst scholars, and those that have often believed them to fall into the category of "slaves for rent."⁹⁴ John Zaborney notes that "slave women frequently acted as midwives to other slaves, and their owners hired them out to others specifically for that purpose."⁹⁵ Zaborney continues, arguing that "most hired-slave midwives did not receive cash for services rendered," and that instead "the owner of the slave midwife typically charged the owner or hirer of the pregnant slave woman directly, and pocketed the cash."⁹⁶ While it is likely that many slaveowners did indeed "pocket the cash" and treated enslaved midwifery as they treated other forms of skilled labor that was marketed and hired out, there is also significant evidence that suggests enslaved midwives were regularly paid

⁹¹ As a note, enslaved midwives were also referred to as nannies and, occasionally, aunties.

⁹² Fett, *Working Cures*, 129.

⁹³ Fett, *Working Cures*, 130.

⁹⁴ Please see John Zaborney's dissertation, *Slaves for Rent: Slave Hiring in Virginia*, as well as his book, *Slaves for Hire: Renting Enslaved Laborers in Antebellum Virginia*.

⁹⁵ John Zaborney, "Slaves for Rent: Slave Hiring in Virginia," PhD diss., (University of Maine, 1997), 55.

⁹⁶ *Ibid.*, 56.

directly for their services.⁹⁷ This transition of payment from white to enslaved midwives "reflected the unique and complex economic relationship between master and slave," especially concerning enslaved reproduction, and highlights the important position and relative agency enslaved midwives would come to occupy in the early nineteenth century.⁹⁸

Planters did not only pay enslaved women they owned, but also those that may have come from other farms or plantations in the surrounding area. In February of 1776, George Washington paid ten shillings "to Mrs. French[']s Jane for [laying] Jane at [Dogue Run farm]."⁹⁹ Washington also paid ten shillings "to Mrs. French[']s Negroe woman for [delivering] Doll at the Ferry" in April of 1783; this is most likely referring to Jane as well.¹⁰⁰ At the end of the century, in October of 1798, Washington paid "Negroe Nell Mr. Mason's for Delivering of five Negroe women some time ago."¹⁰¹ Nell was compensated for attending the labors of Caroline, Sall, Bett, Aley, and Grace at both Dogue Run and Union farm, and at two dollars each she earned a total of ten dollars for her efforts. Both Jane and Nell were enslaved women who belonged to enslavers other than Washington, and both seem to have been paid directly for their reproductive services. While it is of course possible that Mrs. French and Mr. Mason collected or stole Jane and Nell's earnings, it seems that it was Washington's intention to pay the midwives directly, as he noted "cash paid" to each respectively and not to those that owned them.

In addition to the numerous examples already given, as far back as 1777 there is evidence that Thomas Jefferson, a man who consistently relied upon white midwives until the nineteenth

⁹⁷ For further reading concerning slave hiring, please see John Zaborney's book, *Slaves for Hire: Renting Enslaved Laborers in Antebellum Virginia*, and Jonathan Martin's book, *Divided Mastery: Slave Hiring in the American South*.

⁹⁸ Collini, 29.

⁹⁹ *Mount Vernon Accounts, September 1772-1786 (17A)*, The Fred W. Smith National Library for the Study of George Washington, 51.

¹⁰⁰ *Ibid.*, 121.

¹⁰¹ *Mount Vernon Farm Ledger 1797-1798 (21F)*, The Fred W. Smith National Library for the Study of George Washington.

century, paid thirty shillings to a "negro granny at Elk [island]."¹⁰² The thirty shillings indicates that she was paid for at least three deliveries and considering the names of the mothers are not recorded it is likely that they were also enslaved; as she herself is not named, and no other enslaver is listed, we can also assume that Jefferson owned her as well. The fact that enslavers voluntarily began paying the enslaved women they themselves owned is enough to expand the spectrum of compensation, as there is no feasible reason why a planter would pay their own property under the traditional slave renting or hiring system. I am not arguing directly against the likes of Zaborney, but rather am arguing for a broadening of our understanding and an acknowledgement that slave midwives were scattered across a spectrum of coerced compensation.

I use the phrase "coerced compensation" to refer to the unique situation in which an enslaved person was compelled by their enslaver to perform certain forms of skilled labor but was paid directly despite their enslaved status. While this terminology can be applied to many forms of skilled labor performed by enslaved people, here it is intended to get at the nature of the complicated situation enslaved midwives found themselves in. Enslaved midwives were compelled to assist in delivering black children, both by their enslaved status and their connections to their community. In some instances these women likely had little choice in whether or not they would perform this reproductive labor; in others, such as that of Kate, who petitioned George Washington to grant her a formal position as midwife, we see a striking level of agency. As Sharla Fett points out, enslaved reproductive practitioners often operated outside of any sort of neat category of analysis; "midwifery work frequently required enslaved women to move among many of the categories that historians have used to organize" slave communities

¹⁰² Jefferson, "Memorandum Book, 1797."

As a note, "granny" is a term interchangeable with midwife in the period, especially when concerning black or enslaved people.

and systems of labor.¹⁰³ Indeed, as midwifery did not fall neatly into categories of enslaved labor, it also did not fall neatly into a compensation binary of "direct payment" and "slave hiring."

Regardless of whether or not these women elected to practice midwifery, payments made to enslaved midwives represented an unusual situation in which black women were simultaneously exploited for their reproductive knowledge and benefited financially from the monetary valuation of enslaved motherhood. Importantly, coerced compensation should be understood as a spectrum, and payments – or lack thereof – to enslaved midwives necessarily depended on the period and region they practiced in, as well as the particular views of the people who owned them. These women were forced to contend with a complex and nuanced slavery in which they were simultaneously owned and exploited for their ability to labor and reproduce, as well as compensated for their ability to facilitate the exploitation of others; these particular nuances, especially an enslaved midwife's relationship with the enslaved community and enslaved mothers, will be explored further in this work.

This practice of compensation for reproductive services continued throughout the late eighteenth and nineteenth centuries, and eventually developed alongside the rise of the domestic slave trade. Indeed, as we will come to see, this shift from employing white women as midwives to directly compensating enslaved women flows into the development of a financialized midwifery; in other words, a conceptualization of compensated enslaved midwifery as an important aspect of a profitable domestic slave trade and market economy.

¹⁰³ Fett, "Consciousness and Calling," 67.

"She is in great want of it": Agency, Mobility, and Community

In the summer of 1825, two enslaved women, Anne and Edy, gave birth on Thomas Jefferson's Monticello plantation. The midwife who aided in the deliveries of Susan and Daniel, to Anne and Edy respectively, was a woman who had dedicated sixteen years of her life to the women and children of Monticello and Poplar Forest plantations; her name was Rachael. Herself an enslaved woman, Rachael worked and earned wages as a midwife from 1809 to 1825, and in that time delivered as many as forty-eight children. She helped Ursula, Susan's grandmother, give birth to five of her eleven children, and by being midwife to Ursula's daughter, Anne, she gave Ursula her first grandchild.¹⁰⁴ Rachael also assisted Edy, Daniel's mother, in the delivery of four of her eight children.¹⁰⁵ Enslaved midwives such as Rachael were an intimate and crucial part of life on an early-nineteenth century plantation, valued both culturally by her fellow enslaved women and financially by her enslaver. In her time as midwife, Rachael connected generations of women across vast distances. Nevertheless, this mobility was the direct result of the financialization of midwives that developed in conjunction with the domestic slave trade.

The rise of the domestic slave trade created a space in which midwifery was increasingly financialized, meaning slaveholders came to see midwives not only as laborers but as financial assets and producers of commodities, and enslaved midwives were able to exercise a heightened level of agency. To clarify further, while reproductive ability was commodified as it was a means to produce more commodities, highly valued skills and knowledge such as midwifery were financialized as they were brought into the folds of the market economy as facilitators of commodities, not as commodities in and of themselves. In response, black midwives utilized

¹⁰⁴ Rachael delivered Thomas in 1813, Louisa in 1816, Caroline in 1818, Critta in 1820, and Robert in 1824.

¹⁰⁵ Rachael delivered Betsey-Anne in 1813, Peter in 1815, William in 1821, and Daniel in 1825.

their increased autonomy to contribute to the creation and maintenance of creolized African American communities, as Rachael exemplifies. By examining account books, personal letters, and requests for payment we can see the gradual increase in autonomy that accompanied the financialization of midwifery; we can also see the rise of a distinct Chesapeake pronatalism emerge alongside the domestic slave trade, and enslaved midwifery offers a unique lens by which to analyze these economic and cultural trends.

This chapter will draw literature from two main historiographies, the first of which is gender and slavery. This literature can be broken up geographically; indeed, because historians of the West Indies have been much more prolific in publishing scholarship on midwifery and reproduction, their work provides a great deal of context for this study. Specifically, historians such as Jennifer Morgan and Sasha Turner ground the discussions of enslaved reproduction and pronatalism.¹⁰⁶ Americanists are also crucial to this work. Sharla Fett's work concerning midwifery in the Antebellum South is paramount to this chapter, as is Sarah Collini's study of enslaved midwifery on George Washington's plantation and Stephanie Camp's discussion of geographical containment and isolation.¹⁰⁷

This chapter will also engage the new history of capitalism and racial capitalism. Particularly, Caitlin Rosenthal's work concerning accounting practices and financialization on Antebellum plantations was incredibly useful, as it grounds this project's relationship to the commodification of reproduction. Daina Ramey Berry's work, *The Price for Their Pound of*

¹⁰⁶ Jennifer Morgan, *Laboring Women: Reproduction and Gender in New World Slavery*; Jennifer Morgan, "Partus Sequitur Ventrem: Law, Race, and Reproduction in Colonial Slavery"; Sasha Turner, *Contested Bodies: Pregnancy, Childrearing, and Slavery in Jamaica*; Sasha Turner, "The Nameless and the Forgotten: Maternal Grief, Sacred Protection, and the Archive of Slavery."

¹⁰⁷ Sharla Fett, "Consciousness and Calling: African American Midwives at Work in the Antebellum South;" Sarah Collini, "The Labors of Enslaved Midwives in Revolutionary Virginia" in *Women in the American Revolution: Gender Politics and the Domestic World*; Stephanie Camp, *Closer to Freedom: Enslaved Women and Everyday Resistance in the Plantation South*.

Flesh, allows for a better understanding of the valuation and financialization of enslaved women's reproductive abilities and reproductive knowledge, as well as the fluctuating values assigned to elderly enslaved women.¹⁰⁸ Steven Deyle's work on the development of the domestic slave trade is also crucial to this project's understanding of a financialized Chesapeake.¹⁰⁹

This chapter is an attempt to bridge the unaddressed overlap between these two bodies of literature. While historians of racial capitalism tend to focus their research from the early-nineteenth century forwards, and on the cotton-producing lower south rather than the Chesapeake, incorporating gender and enslaved reproduction offers a previously ignored perspective concerning financialization and capitalism in the Post-Revolution South.¹¹⁰ By turning to Virginia and Maryland in the late-eighteenth and early-nineteenth centuries, historians can better trace the financialization and commodification of enslaved bodies and enslaved reproduction during the rise of the domestic slave trade, as well as the importance of enslaved midwives in this process, and in turn better understand the role of slavery and the slave trade in the development of American capitalism.

This chapter will begin by explaining how a unique Chesapeake pronatalism emerged from and in conjunction with the domestic slave trade. This is followed by an analysis of two requests submitted by enslaved midwives to their enslavers, and a discussion concerning the uptick in black midwives' appearances in plantation account books. This chapter will end with a case study, in which Rachael will serve to explain the experience of enslaved midwifery in this

¹⁰⁸ Caitlin Rosenthal, *Accounting for Slavery: Masters and Management*; Daina Ramey Berry, *The Price for Their Pound of Flesh: The Value of the Enslaved, from Womb to Grave, in the Building of a Nation*. Please also see *Slavery's Capitalism: A New History of American Economic Development*, edited by Sven Beckert and Seth Rockman, for further information concerning slavery and the new history of capitalism.

¹⁰⁹ Steven Deyle, *Carry Me Back: The Domestic Slave Trade in American Life* (New York: Oxford University Press, 2006).

¹¹⁰ Please see Walter Johnson's *River of Dark Dreams: Slavery and Empire in the Cotton Kingdom* and Sven Beckert's *Empire of Cotton: A Global History*.

moment of financialization. Rachael worked as midwife on Jefferson's Monticello and Poplar Forest plantations for sixteen years, and in that time created and maintained community and kin networks; this ability to maintain connections across vast distances can be entirely attributed to the autonomy and mobility midwives garnered in the post-revolutionary period.

The world enslaved midwives lived in was rapidly evolving, and they rose to meet it. By utilizing the newfound freedoms garnered due to their reproductive knowledge and labor, enslaved midwives often worked to provide a safe delivery for both mother and child, and to protect the sanctity of motherhood in any way they could. As we will see, sometimes they were successful and other times they were not, but nonetheless they tried.

Chesapeake Pronatalism and the Domestic Slave Trade

The Chesapeake economy had been dominated by tobacco for generations; indeed, the cash crop defined Virginian culture throughout the seventeenth and first half of the eighteenth centuries.¹¹¹ Tobacco was an incredibly labor-intensive commodity, as it required year-round tending with "each month corresponding to some specific task," and Chesapeake planters relied on a large enslaved population to tend to and harvest their crop.¹¹² Continual tobacco monocropping, however, seeped nutrients from Tidewater farmland and ultimately resulted in soil exhaustion. In response to soil exhaustion and plummeting market prices, Chesapeake planters began rotating wheat into their crop cycle as it thrived in previously tobacco-dominated fields.¹¹³

¹¹¹ Please see T.H. Breen's *Tobacco Culture: The Mentality of the Great Tidewater Planters on the Eve of Revolution* for further information.

¹¹² T.H. Breen, *Tobacco Culture: The Mentality of the Great Tidewater Planters on the Eve of Revolution* (Princeton: Princeton University Press, 1985), 55.

¹¹³ Steven Deyle, "The Irony of Liberty: Origins of the Domestic Slave Trade," *Journal of the Early Republic* 1, no. 12 (Spring 1992): 42.

Unlike tobacco, wheat required significantly less labor to maintain and harvest. Indeed, wheat farming was comparatively simple: the field would be plowed and prepared during the summer, the seeds sown in August or September, and little else needed to be done until harvest the next summer.¹¹⁴ In terms of tending, some planters simply allowed their livestock to "graze on the wheat during the winter in order to thin the crop and to allow the animals to pack the soil around the roots, which winter frosts sometimes forced out of the ground."¹¹⁵ This relatively relaxed crop cycle resulted in a surplus enslaved population. The Chesapeake region already had the largest enslaved population at the time – by 1790 more than half of all African Americans lived in the region, and "45 percent of all southern slaves resided in Virginia alone" – and the shift from tobacco to wheat merely exacerbated the excess.¹¹⁶ This comparatively enormous enslaved population could be attributed to the region's exponential rate of natural increase. This rate of natural increase allowed the enslaved population to nearly quadruple itself between 1778 and 1807, growing from 101,000 to 380,000 in roughly thirty years.¹¹⁷ Consequently, with the shift from tobacco to grain, the region had an excess enslaved population that continued to grow larger and larger, and "while some Chesapeake slave owners bemoaned their excessive charges" as burdensome mouths to feed, "others fully realized the future role their region would play."¹¹⁸

In the same moment that Chesapeake farmers were experiencing a surplus of labor, the lower south was confronting a potential labor shortage. While previously cotton could only be grown and harvested along the coast of South Carolina and Georgia, the invention of the cotton gin enabled the spread of cotton inland from the coast. This in turn enabled the spread of slavery

¹¹⁴ Breen, 56; Harold Gill, Jr., "Wheat Culture in Colonial Virginia," *Agricultural History* 52, no. 3 (1978): 383-386.

¹¹⁵ Gill, 386.

¹¹⁶ Deyle, "The Irony of Liberty," 43.

¹¹⁷ Richard Dunn, *A Tale of Two Plantations: Slave Life and Labor in Jamaica and Virginia* (Cambridge: Harvard University Press, 2014), 24.

¹¹⁸ Deyle, "The Irony of Liberty," 44.

further inland as well and helped facilitate the expansion of slavery into western territory. Unlike the Chesapeake, the Lowcountry had notoriously low fertility rates and high infant mortality rates, similar to those of the West Indies.¹¹⁹ Because of this low rate of natural increase, the lower south relied heavily on imported Africans via the Trans-Atlantic slave trade. However, southern slaveholders knew that the Constitutional gag on slavery and the slave trade was set to expire in 1808 and understood that the Trans-Atlantic trade was on the chopping block.¹²⁰ With the close of the African slave trade looming on the horizon the Southwest and lower south set their sights on states like Virginia and Maryland as sources of enslaved labor, and the Chesapeake was eager to take on that role.

Some of the loudest voices in favor of the closure of the African slave trade were Virginian farmers and statesmen, as they understood the pool of potential capital should the less-reproductive lower south be cut off from the African trade. President Thomas Jefferson, a Virginian who himself enslaved upwards of six hundred African Americans in his lifetime, "proactively made sure that importation of persons would indeed be prohibited as of the earliest constitutionally permissible date," as ending the international trade would help to secure high prices for enslaved people born in North America.¹²¹ In order to secure a market for their commodities, Virginian statesmen also seriously promoted and encouraged "westward expansion and fought hard against any limit on the expansion of slavery into the territories."¹²² While wheat was replacing tobacco in the fields, Chesapeake slaveowners worked to ensure that the increased commoditization of enslaved bodies and development of a transregional domestic slave trade would replace the formerly lucrative tobacco market as the defining feature of the Virginian

¹¹⁹ For more information please see Matthew Mulcahy's work, *Hubs of Empire: The Southeastern Lowcountry and British Caribbean*, 156-158.

¹²⁰ Ned and Constance Sublette, *The American Slave Coast* (Chicago: Lawrence Hill Books, 2016), 15.

¹²¹ Sublette, 15.

¹²² Deyle, "The Irony of Liberty," 45.

economy. Chesapeake slaveholders embraced financialization and employed accounting methods to best calculate their wealth in human capital; as slaveowners began to understand "enslaved people as complex, long-lived assets," they became "aware of the complexity of measuring their value."¹²³ Financialization, when applied to enslaved reproduction, meant projecting values onto the wombs of black women. Indeed, in 1792 Thomas Jefferson calculated that he earned a four percent profit through reproduction alone.¹²⁴

As T.H. Breen explains, towards the end of the eighteenth century "Tidewater Virginia was no longer synonymous with tobacco," and while "it may have been a tobacco colony...it certainly was not a tobacco state."¹²⁵ Instead, Virginian slaveholders would shape the state's reputation as a major hub for the slave trade; "by the end of the eighteenth century an organized interregional traffic in Chesapeake-born slaves was in operation," and by 1810 professional slave traders and firms were present in most towns in Maryland and Virginia.¹²⁶ Just ten years later in 1820, the region would evolve "into the predominant source of slaves for Southern expansion," resulting in nearly one million enslaved men, women, and children forcibly transported from the upper south to the lower before the Civil War.¹²⁷

The rapid development of the domestic slave trade was contingent upon an important shift in ideology, in which enslaved midwives would come to play a crucial role. Chesapeake farmers transitioned from viewing excess enslaved people as burdensome, to viewing them as sources of potential profit. These already wealthy planters "started to see the ability to reproduce as a valuable commodity and by the second half of the eighteenth century recognized the extra

¹²³ Caitlin Rosenthal, *Accounting for Slavery: Masters and Management* (Cambridge: Harvard University Press, 2018), 128.

¹²⁴ Rosenthal, *Accounting for Slavery*, 130.

¹²⁵ Breen, 204.

¹²⁶ Deyle, *Carry Me Back: The Domestic Slave Trade in American Life* (New York: Oxford University Press, 2005), 38.

¹²⁷ Deyle, *Carry Me Back*, 38.

profits that the sale of slave offspring could bring."¹²⁸ This conversion of enslaved bodies into lucrative capital resulted in an increased valuation and commodification of enslaved reproductive abilities, and with it reproductive knowledge.

Though historians generally associate pronatalism with West Indian slavery, the American domestic slave trade, developed in response to an excess of slaves in the upper south and increased demand in the Southwest and lower south, allowed for the development of a uniquely Chesapeake pronatalism that was more cultural than legislative. Chesapeake pronatalism was designed above all else to secure the continual production of enslaved bodies intended not purely for labor but also for sale. Again, the region was experiencing a surplus of enslaved labor that many Chesapeake slaveholders felt was a drain on their own resources – as natural reproduction expanded the enslaved population exponentially, the rate of increase far exceeded the number needed to maintain labor levels. In the process of commodifying human bodies as saleable and marketable items, Chesapeake slaveholders also financialized enslaved reproduction; this is evident in the increased occurrence of enslaved midwives in plantation account books, and in the fact that enslaved midwives were often compensated directly for their services. This pronatalist sentiment, while apparent throughout the period, was confined to cultural norms and was not written into legislation in the same way Caribbean pronatalism was.

In contrast to Chesapeake pronatalism, Caribbean pronatalism was designed to prevent economic collapse after the close of the African slave trade in 1807, as colonies such as Barbados and Jamaica were heavily reliant on continual importation to offset the high mortality and low reproductive rates. Caribbean pronatalist policies were part of the larger amelioration movement and were often put into practice legislatively rather than culturally; because of the emphasis on legality instead of culture, however, these policies were rarely enacted on the

¹²⁸ Deyle, "The Irony of Liberty," 50.

ground. For example, Sasha Turner notes that by 1816 enslaved women in the West Indies were legally meant to be compensated for successful births, and that according to new pronatalist laws "overseers were required to divide the reward equally between the mother, midwife, and nurse attending the child."¹²⁹ However, while colonial law reflected a direct valuation of reproduction and reproductive knowledge, Turner also explains that in the archive there is little evidence of enslaved women and midwives receiving compensation, and those that did often received less than one pound each.¹³⁰



Figure 1: "Old Pegg the Granny"

Conversely, evidence of enslaved midwives being compensated for their work appears increasingly common in Chesapeake documents, especially throughout this period. William Washington, for example, paid one particular midwife so regularly that he dedicated an entire

page of his account book to her; "Old Pegg the Granny" was written in large print at the top of the ledger, and her name can also be found listed in the table of contents as "Pegg the Midwife" (Fig. 1).¹³¹ Other enslaved midwives along the Chesapeake would be regularly paid for each successful delivery, and this payment became so culturally expected that by the 1820s enslaved women outright demanded it from their enslavers.

¹²⁹ Sasha Turner, *Contested Bodies: Pregnancy, Childrearing, and Slavery in Jamaica* (Philadelphia: University of Pennsylvania Press, 2017), 108.

¹³⁰ Turner, *Contested Bodies*, 108.

¹³¹ William Washington, "William Washington Ledger A, 1776-1792," Manuscript Division, Library of Congress, Washington, D.C.

This Chesapeake pronatalism, while deeply cultural, had tangible and terrible effects on enslaved motherhood and enslaved communities. This ideology pushed for a continual increase of enslaved bodies via natural reproduction, and the cultural notion that enslaved midwives should be paid for their services was most likely seen as a necessary business expense. Ultimately, the most glaring difference between Chesapeake and Caribbean pronatalism, it seems, was the conceptualization of the *kind of bodies* that were being reproduced. While proponents of Caribbean pronatalism understood that enslaved children "were to be treated as valuable commodities [and as] potential adult laborers to be nurtured," the Chesapeake was not in need of more laborers.¹³² Indeed, the Chesapeake region was home to an excess of enslaved bodies that planters were eager to rid themselves of. Here there is a distinct difference in reproducing bodies as laborers and reproducing bodies for sale. Virginian farmers understood enslaved reproduction under pronatalism not as the creation of potential laborers that could produce commodities in the form of crops (such as Caribbean sugar) but as the creation of commodities in and of themselves.

Amidst the rise of the domestic slave trade and Chesapeake pronatalism, enslaved midwives worked to combat the isolation of communities on plantations as well as the increased commodification of enslaved women's bodies as reproducers of saleable commodities and financial assets.

Financialization, Agency, and Reclamation

During the period following the rise of the domestic slave trade enslaved midwifery was increasingly financialized, and there is distinct evidence to suggest that enslaved midwives were

¹³² Diana Paton, "Maternal Struggles and the Politics of Childlessness Under Pronatalist Caribbean Slavery," *Slavery & Abolition* 38, no.2 (2017): 252.

aware of their lucrative position. We can trace a distinct pattern from the 1790s forward wherein enslaved midwives garnered increased authority and agency. This pattern started with enslaved women being recorded as assisting white midwives and ended with enslaved midwives explicitly demanding payment for midwifery services from their enslavers. This development was part of the larger process of creolization, or the process by which a unique African American community developed through the exchange and amalgamation of African and Anglo-American culture, and possibly emerged as a product of enslaved midwives' efforts to reclaim power over reproduction.

Women such as Kate, an enslaved woman at George Washington's Muddy Hole Farm, had a deep understanding of the importance a midwife held on a Virginian plantation during this burgeoning period of the domestic trade. In a 1794 letter sent from George Washington to his manager, William Pearce, Washington described how Kate presented herself as a better alternative to hiring white midwives. He wrote that "when I was at home, an application was made to me by Kate at Muddy Hole (through her husband Will) to lay the Negro Women (as a Grany) on my estate; intimating that she was full as well qualified for this purpose as those whose hands it was entrusted and to whom I was paying twelve or 15 a year..."¹³³ In making her application to Washington, Kate asserted several things. One, that she believed herself to be of the same skill level as the white midwives Washington regularly hired, such as Susannah Bishop.¹³⁴ Moreover, that her performance as a midwife was not only equal to that of white midwives but was worthy of payment.

¹³³ George Washington, "Letter from George Washington to William Pearce, August 17, 1794," *Transcripts Relating to General Washington's Slaves 2F*, Fred W. Smith National Library for the Study of George Washington.

¹³⁴ Sarah Collini, "The Labors of Enslaved Midwives in Revolutionary Virginia," in *Women in the American Revolution: Gender, Politics, and the Domestic World*, ed. Barbara B. Oberg (Charlottesville: University of Virginia Press, 2019), 22. As a note, Collini's essay is an extremely important work for this

This formal request, submitted to her enslaver, was a stark contrast to previous enslaved midwives' appearances in eighteenth century records. Many of the earlier mentions of enslaved midwives describe an assistant-like role to a white midwife. In January of 1725, Mary Jordan was paid ten shillings for "bringing Bess to bed with Dina." This entry in the Allen family account book is quite telling, as the use of the word "with" does not appear in most of the other entries concerning midwifery.¹³⁵ This language suggests that Dina, presumably an enslaved woman, assisted Mary Jordan, presumably a white midwife, in the delivery of Bess' child.¹³⁶ Later, in March of 1727, Sarah Hunt was paid ten shillings for "bringing Dina to bed with Kate," ten shillings for "bringing Joan to bed with Robin," and ten shillings "for bringing Bess to bed with [Robin]."¹³⁷ We see the beginnings of financialization in the revolutionary period, as the assistantship evolved into a position with the possibility of compensation. In July of 1772, William Ennalls "pd Negroe Phoebe for serving as midwife to Ama 5/ & pd Nanny Smith for coming to her 5/ - makes 10/."¹³⁸ In this instance Ennalls split the usual ten-shilling payment between an enslaved woman and an older white midwife, a practice he repeated in August of 1773 when he paid Phoebe five shillings "for delivering Ama" and paid Anna Smith five shillings for "assisting Ama in labour [*sic.*]."¹³⁹ Kate's request twenty years later seems to have

project, as she brought to light enslaved midwives such as Kate and Phoebe, and enslaved woman owned by William Ennalls.

¹³⁵ John Allen, "Allen Family Account Book, 1721-1754," Library of Virginia, Accession 43393, Misc. Reel 5329, 124.

¹³⁶ I assume Dina was an enslaved woman as only her first name is recorded, and I assume Mary Jordan was a white woman because her full name is recorded; it is also possible that Mary Jordan was a free black woman, but considering she was paid the same amount (ten shillings) per delivery as the other white midwives in the account book, it is most likely that she was also a white woman.

¹³⁷ *Ibid.*, 139.

¹³⁸ William Ennalls, "Memorandum Book of William Ennalls, June 13, 1771, to April 25, 1774," Library of Congress, Manuscript Division, July 1772.

¹³⁹ *Ibid.*, August 1773.

As a note, I believe it is likely that Nanny Smith and Anna Smith were the same woman. Anna Smith frequently served as midwife on the Maryland property, and she was paid for her work in December of 1774, August of 1772, and August of 1773.

followed this pattern of increased financialization as enslaved midwives were increasingly compensated for their work, transitioning from largely unpaid aids to petitioning their enslaver for a formal position.

While Kate's request marked a midpoint in the exploitation and commodification of enslaved midwifery, Old Catey explicitly demanded payment for her reproductive knowledge and services; Catey petitioned her enslaver for payment in July of 1829. Written by E.S. Crittenden on Catey's behalf, the note read: "Dear Sir – Old Catey's fee for attending Judy in her confinement is [two] dollars & she wishes you to send her the Munney she is in great want of it. Old Catey and Judy both belong to the estate of Mr. H. Cooke."¹⁴⁰ Unlike Kate, Catey moved past an implication of payment and outright demanded it. In addition to a request for payment, Catey dictated her own fees, further showing how enslaved midwives gained control over the birth process by the early nineteenth century. Escalating financialization in response to Virginian pronatalism created the space for enslaved midwives to exercise this control; these women had myriad motivations for their actions, but nonetheless this moment marked an important point in the history of enslaved midwifery and, more broadly, the history of enslaved reproduction.

The same space that allowed for reproductive control also allowed for an increase in agency and autonomy over their own labor. We can see this phenomenon by returning to Kate, George Washington's enslaved midwife: though Washington comes across as casual in his letter, the enormity of Kate's request cannot be exaggerated. In applying for an official position, and one that carried authority and respect within the plantation workforce, she expected payment for her services. Kate "boldly petitioned her owner not only to facilitate and contribute" to the

¹⁴⁰ "Old Catey's Note," *Joseph Lyon Miller Papers 1610-1964*, Virginia Museum of History and Culture, Manuscript Mss1 M6154 a 22-23.

As a note, the year here is possibly in question; while the year 1829 is written on the note itself, it is recorded in the archive as part of a collection of accounts from 1838-1839.

process of creolization and in turn the development of a domestic slave trade, "but also to control her labor."¹⁴¹ While "retaining control over childbirth...gave enslaved women access to informal power," Kate took this a step further and managed to claim a small amount of what appears to be official or formal power on the plantation.¹⁴²

This semi-formal power was a possible motivation for Kate's petition. Indeed, such a position would have come with an uncommon level of influence for enslaved women, as having a successful midwife was crucial to a successful and cost-effective plantation under Chesapeake pronatalism. Because the role was so vital within the planter community, enslaved midwives may have expected increased privileges and perks in addition to payment. These privileges may have included increased and better-quality rations. Washington often made use of material incentives, making it clear who was preferred on the plantation. Indeed, in the fall of 1795 Washington sent blankets and fabric to Mount Vernon and informed his manager William Pearce "that there were two qualities of each...included in the shipment."¹⁴³ These two qualities would serve as markers of privilege; Washington "intended that 'the better sort' be given to adult slaves and those who were 'more deserving,'" while the lesser-quality items "would be doled out to 'the younger ones and worthless.'"¹⁴⁴ Holding a vital position like midwife would have likely bumped an enslaved woman up as "more deserving," especially considering that many enslaved midwives were often elderly women and would otherwise be deemed "worthless."¹⁴⁵

¹⁴¹ Collini, 20.

¹⁴² Turner, *Contested Bodies*, 118.

¹⁴³ Mary Thompson, "The Only Unavoidable Subject of Regret:" *George Washington, Slavery, and the Enslaved Community at Mount Vernon* (Charlottesville: University of Virginia Press, 2019), 260.

¹⁴⁴ Thompson, 260.

¹⁴⁵ George Washington, "Letter from GW to William Pearce, Nov 27 1795," found in Mary Thompson's "The Only Unavoidable Subject of Regret:" *George Washington, Slavery, and the Enslaved Community at Mount Vernon*, 260.

It is important to note that the term "worthless" was in fact used by Washington, and is an indicator of the lack of capital value placed in elderly women, who could no longer produce or reproduce commodities;

Another perk to such a position, and possibly the most coveted, would have been better access to the ear of their enslaver. Given that a midwife was crucial on the pronatalist plantation, an enslaved midwife may have had some measure of influence with their enslaver. Considering these women lived under a slave society that was growing increasingly comfortable with separating families via slave sales – a practice that George Washington used as punishment on several occasions – enslaved women may have understood a privileged position like midwife to entail a certain level of protection for them and their families.¹⁴⁶ In addition to privileges and perks, enslaved midwives, as we have seen, often received more concrete payment for their services. Women such as Kate and Catey may have simply been taking advantage of an emerging system that allowed them to earn money and support themselves; as Catey's request made clear, enslaved midwives by the 1820s expected compensation and were "in great want of it."¹⁴⁷

Enslaved midwives may also have utilized their newly acquired agency within the plantation system to reclaim control over birth practices. Kate especially seems to have attempted to reclaim the act of reproduction as belonging to the enslaved community; as Washington points out, "this service, formerly, was always performed by a Negro woman belonging to the estate, but latterly, until now, none [seemed] disposed to undertake it."¹⁴⁸ In the absence of enslaved midwives, women who would have been familiar and possibly even familial to enslaved mothers, white midwives such as Susannah Bishop controlled the birthing room.¹⁴⁹ Kate's request then stands out not only as a moment of potential self-interest, wherein she was

for further information, please see Daina Ramey Berry's work, *The Price for Their Pound of Flesh: The Value of the Enslaved, from Womb to Grave, in the Building of a Nation*.

¹⁴⁶ Thompson, 258.

¹⁴⁷ "Old Catey's Note," Virginia Historical Society.

¹⁴⁸ George Washington, "Letter from GW to William Pearce, August 17, 1794."

¹⁴⁹ Thompson, 101.

taking advantage of an increasingly lucrative system of plantation reproduction, but one of reclamation.

If women like Kate and Catey were working to reclaim reproduction, their efforts may have also worked to subvert surveillance on plantations. Kate, for example, must have known that with an official position would come increased scrutiny, especially by a slaveowner like George Washington.¹⁵⁰ As Riley Snorton explains, the "visual economy of racial slavery" was dependent on an "unrelenting scopic availability" of blackness and black bodies.¹⁵¹ Indeed, a decrease in physical brutality and an increase in surveillance defined this period of slavery. As midwifery became increasingly creolized and in turn financialized – which is precisely what was happening here, as enslaved women applied for recognition and compensation of services – it was put under increased scrutiny. Though surveillance was a hallmark of post-revolution slavery, it is possible that in reclaiming power over reproduction enslaved midwives like Kate and Catey would have shut the door on slaveowners, so to speak. While midwifery as a practice was becoming subject to greater scrutiny, as we can see by an uptick in the number of enslaved midwives recorded in account books, by pushing white midwives out and remaking the birth room into a space dominated by black women, enslaved midwives created a private moment in which black women's bodies were not subject to the invasive and calculating gaze of masters and men.

Enslaved women rarely appear in the archive, and when they do it is often in displays of extreme violence and spectacular suffering; indeed, "in the absence of written record, [their]

¹⁵⁰ Please see the fourth chapter of Mary Thompson's *"The Only Unavoidable Subject of Regret: George Washington, Slavery, and the Enslaved Community at Mount Vernon*, entitled "'So Exact and So Strict': Labor and the Mount Vernon Slaves," for further information on Washington's managerial and surveillance style.

¹⁵¹ C. Riley Snorton, *Black On Both Sides: A Racial History of Trans Identity* (Minneapolis: University of Minnesota Press, 2017), 33.

experiences get reduced to the sensate, all rape and blood and birth trauma and breasts."¹⁵² With that in mind, Kate and Catey's messages, though mediated through men, must be taken seriously. These women had myriad motivations for their actions, one of the most significant being an effort to regain control in the birth room. They understood the intricacies of motherhood within slavery and the impact the domestic slave trade would have on their communities better than any white midwife, physician, or slaveholder. As Jennifer Morgan argues, "enslaved people best understood the theory and praxis of racial slavery."¹⁵³ Enslaved midwives' efforts to receive compensation, claim privileges for themselves and their families, and reclaim reproductive power must be understood as a "critical, intelligent, [and] strategic response to the violent structures of value and commerce in which they were embedded."¹⁵⁴ Midwives such as Kate and Catey consciously worked to secure a more compassionate delivery room for enslaved mothers under their care, and to insulate those mothers from the scopic cruelty and commoditization of plantation slavery, if only for a moment.

Rachael

On August 22, 1809, Fanny Gillette Hern, an enslaved woman who worked as a cook at Monticello Farm, gave birth to her first child, Ellen.¹⁵⁵ Rachael, a fellow enslaved woman, assisted Fanny in her delivery and was paid two dollars as a midwife fee.¹⁵⁶ Ellen's birth marks the first recorded delivery that Rachael attended as midwife, as well as the beginning of

¹⁵² Jennifer Morgan, "Partus Sequitur Ventrem: Law, Race, and Reproduction in Colonial Slavery," *Small Axe: A Caribbean Journal of Criticism* 22 (March 2018): 17.

¹⁵³ Morgan, "Partus Sequitur Ventrem," 2.

¹⁵⁴ Morgan, "Partus Sequitur Ventrem," 17.

¹⁵⁵ B. Bernetiae Reed, *The Slave Families of Thomas Jefferson: A Pictorial Study Book with an Interpretation of His Farm Book in Genealogy Charts, Volume 1* (Greensboro, NC: Sylvest-Sarah, Inc., 2007), 21, 204.

¹⁵⁶ Thomas Jefferson, "Memorandum Books, 1810," *Founders Online*, National Archives, accessed July 2, 2019, <http://founders.archives.gov/documents/Jefferson/02-02-02-0020>.

Rachael's sixteen-year career as the sole recorded midwife on the plantation. Spanning from 1809 through 1825, Rachael acted as midwife for thirty-nine confirmed deliveries, and likely upwards of forty-eight.¹⁵⁷ A mother herself, she gave birth to five children between 1791 and 1808, and this personal experience with childbirth most likely helped to prepare her for a career in midwifery.¹⁵⁸ In order to perform her duties as midwife, Rachael traveled between many of Thomas Jefferson's properties, including Monticello, Lego Farm, Bear Creek Farm, Tomahawk Farm, Poplar Forest, and her home farm, Tufton. Her work required her to travel long distances, and in doing so she connected and helped maintain a community across six farms and two counties.

Born on 6 May 1776 to Abram and Doll, Rachael most likely spent her childhood living at Monticello Top, as her father was a carpenter and would have worked along Mulberry Row.¹⁵⁹ As an adult, however, Rachael lived and worked at Tufton farm, most likely as a farmhand. She, along with forty-seven other enslaved people at Tufton, was leased to John H. Craven during Jefferson's term as president, from 1801 until 1809.¹⁶⁰ Despite her work-related travel between plantations, it seems that Tufton would remain Rachael's home for the remainder of her enslavement under Thomas Jefferson, as she was leased again as part of Tufton farm to Thomas

¹⁵⁷ While Rachael is the only woman recorded by name as a midwife between 1809 and 1825, Memorandum Book entries for April 2, 1811 and December 25, 1811 state "Pd. midwife," but do not include a name. Seeing as these nine recorded births all occur during Rachael's time as midwife, there was no recorded event during this time that would have prevented Rachael from working, and the unnamed midwife is paid the usual \$2 fee given to Rachael, I feel it is safe to speculate that this unnamed midwife could have very well been Rachael.

¹⁵⁸ Reed, 182.

¹⁵⁹ Reed, 3, 182.

As a note, there were four possible Rachael's alive during this time period. However, after considering the fact that midwives were often older women and the centrality of Tufton farm in Rachael's travels, I believe it is safe to say that this Rachael, the daughter of Abram and Doll, is the midwife referred to in Jefferson's Memorandum Books.

¹⁶⁰ Thomas Jefferson, "Indenture with John H. Craven for the Lease of Fields and Slaves at Tufton and Monticello, 23 September 1800," *Founders Online*, National Archives, accessed August 9, 2019, <https://founders.archives.gov/documents/Jefferson/01-32-02-0101>.

Jefferson Randolph in 1818, and was appraised for auction at Tufton in 1827, following Jefferson's death.¹⁶¹

Rachael's notable mobility can be entirely attributed to her work as a midwife. Enslaved women, especially those laboring as field workers, could expect to "leave their home plantations, with permission, extremely rarely."¹⁶² Indeed, enslaved women were considerably less mobile than their male counterparts and were confined to their home plantations to a higher degree than enslaved men. This system of confinement, referred to as a "geography of containment" by Stephanie Camp, was all but impossible for enslaved women to navigate without mastering one of the few skilled positions available to bondwomen on Southern plantations.¹⁶³ Of those positions, midwifery offered the greatest level of movement, as it not only required midwives to travel, but to travel in accordance with a woman's reproductive schedule, rather than seasonally or according to a harvest schedule.¹⁶⁴

In her sixteen years as midwife, Rachael traveled between multiple of Thomas Jefferson's properties.¹⁶⁵ The most frequently visited locations were Monticello Top, the home of Mulberry Row and the Jefferson's house, and Tufton Farm, Rachael's home farm; in her time as midwife, she successfully delivered between 22 and 25 babies at Monticello and between 6 and 9 babies at Tufton. This makes sense, as Monticello Top was just over two miles from Tufton, a distance

¹⁶¹ Thomas Jefferson, "Thomas Jefferson's Notes on Lease of Tufton and Lego to Thomas Jefferson Randolph, [after 1 January 1818]," *Founders Online*, National Archives, accessed August 9, 2019, <https://founders.archives.gov/documents/Jefferson/03-12-02-0252>; Reed, 397.

¹⁶² Stephanie Camp, *Closer to Freedom: Enslaved Women and Everyday Resistance in the Plantation South* (Chapel Hill: University of North Carolina Press, 2004), 31.

¹⁶³ Camp, 16.

¹⁶⁴ For further discussion on enslaved mobility, please see Sharla Fett's essay, "Consciousness and Calling: African American Midwives at Work in the Antebellum South," in *New Studies in the History of American Slavery*.

¹⁶⁵ See Appendix A for a series of network graphs detailing the frequency with which Rachael traveled to the various Monticello and Poplar Forest farms.

easily walkable within an hour or two.¹⁶⁶ This distance, which is quite short in comparison to some of her other trips, would have allowed her to attend to other enslaved women who went into labor unexpectedly. It also would have been easier for Rachael to administer prenatal and postpartum care to these women, as she could more easily reach them.

However, the larger question here is how to account for the massive difference in birth numbers at Monticello Top and Tufton. Rachael delivered four times more children at Monticello, though it is unlikely that there were quadruple the births at Monticello. On average, between 120 and 140 enslaved people lived and worked at Monticello Plantation at any given time.¹⁶⁷ Located in Albermarle county, Monticello Plantation encompasses Monticello Top (also called mountaintop), Shadwell, Lego, and Tufton. According to a lease signed in 1800 by J.H. Craven, there were 48 enslaved people at Tufton and Monticello farm (the fields and gardens at Monticello, not including domestic slaves or those working along Mulberry Row).¹⁶⁸ Considering those living and working at Shadwell and Lego as well, the enslaved population of Monticello Top was most likely double that of Tufton. This larger population does not account for a birth rate that is quadruple that of Tufton's, however.

The reason may be something as simple as thorough record keeping, as the births closest to the main house may have been more closely monitored than those farther out. That being said, it could also have something to do with the enslaved mothers and their connection to the Jeffersons. Of the deliveries Rachael was paid for at Monticello, many of the mothers were

¹⁶⁶ "Monticello Archaeologists Discover Jefferson-era Artifacts, Slave Homes, and Other Dwellings on Farm Near Monticello," *Monticello*, Spring 2012, https://monticello-www.s3.amazonaws.com/files/old/inline-pdfs/2012s_ArchaeologyDiscoveries.pdf.

¹⁶⁷ "Monticello," *Digital Archaeological Archive of Comparative Slavery*, Thomas Jefferson Foundation, accessed August 12, 2019, <https://www.daacs.org/plantations/monticello/#home>.

¹⁶⁸ Thomas Jefferson, "Indenture with John H. Craven for the Lease of Fields and Slaves at Tufton and Monticello, 23 September 1800," *Founders Online*, National Archives, accessed August 9, 2019, <https://founders.archives.gov/documents/Jefferson/01-32-02-0101>.

connected to either the Gillette or the Hern family. These two families, along with the Hemmings family, made up a great deal of the enslaved people working in skilled trades along Mulberry Row and as domestic servants inside the house. Indeed, Edith Hern was "a household servant who learned French cookery and was head cook at Monticello for many years," Moses Hern (the husband of Mary Hern, who Rachael assisted in delivery multiple times) was a nail maker and blacksmith, and though there is little surviving record of the Gillette family we know that "seven sons worked in the house...drove wagons and carriages, made barrels, and cared for horses," while "three of the daughters were cooks or nurses."¹⁶⁹ It is possible that these families, due in part to their proximity but also their importance and relative value in the eyes of Thomas Jefferson, would have received "paid" attention from Rachael as a perk of their position. Jefferson encouraged his enslaved men and women to intermarry amongst families, noting that "there is nothing I desire so much as that all the young people in the estate should intermarry with one another and stay at home...they are worth a great deal more in that case than when they have husbands and wives abroad."¹⁷⁰ Indeed, Jefferson understood enslaved reproduction in terms of capital and profit; in 1792, he calculated a four-percent profit from reproduction alone.¹⁷¹ Therefore, it is feasible that he would reward those women who were born or married into the most well-regarded families on the plantation, as he saw their potential offspring as a direct increase in his human capital.¹⁷²

¹⁶⁹ Lucia Stanton, *"Those Who Labor for My Happiness": Slavery at Thomas Jefferson's Monticello* (Charlottesville: University of Virginia Press, 2012), 136, 156, 157.

¹⁷⁰ Thomas Jefferson, "Thomas Jefferson to Jeremiah A. Goodman, 6 January 1815," *Founders Online*, National Archives, accessed August 12, 2019, <https://founders.archives.gov/documents/Jefferson/03-08-02-0157>.

¹⁷¹ Rosenthal, *Accounting for Slavery*, 130.

¹⁷² There is evidence of other rewards as well; in the same letter from Thomas Jefferson to Jeremiah Goodman, Jefferson promises a pot and a crocus bed to all of his enslaved women who marry within the plantation.

In addition to assisting women at Monticello plantation, Rachael also delivered enslaved children at Poplar Forest plantation, which included Bear Creek, Tomahawk, and Poplar Forest farms. In her earlier years, between 1809 and 1820, she delivered at least two children in Bedford county. Poplar Forest plantation was nearly ninety-three miles away from her home farm, Tufton.¹⁷³ This means that she traveled a minimum of nearly 400 miles back and forth between these properties; she most likely traveled more. The Memorandum Books that her payments were recorded in only document payment for the birth itself, but midwives attended to pregnant women long before the delivery and often after as well, providing a level of prenatal and postpartum care that was perhaps included in the midwife fee, or considered unworthy of payment by enslavers.¹⁷⁴ Also, timing is an extremely telling factor in this situation, as Rachael would have had to perfectly predict each birth in order to arrive on time and, despite her plentiful knowledge of midwifery and reproduction, childbirth is by nature difficult to predict exactly. Traveling to Poplar Forest or any of the Bedford county farms would have taken roughly three days by carriage, and thus attending surprise or early deliveries would have been all but impossible.¹⁷⁵

The fact that she was allowed to travel these kinds of distances is a testament to not only her importance within the plantation economy and community, as this level of mobility was a direct result of the commodification of enslaved women's reproductive abilities and knowledge, but also to the level of trust Jefferson placed in her. While it is likely that Rachael travelled in a group, possibly as part of a farm supply delivery, it is also possible that she occasionally made these long trips on her own. This level of autonomy, while not unheard of for enslaved men, is

¹⁷³ Lucia Stanton, "Route to Poplar Forest," *The Thomas Jefferson Foundation*, <https://www.monticello.org/site/research-and-collections/route-poplar-forest>.

¹⁷⁴ Deborah Gray White, *Ar'n't I a Woman? Female Slaves in the Plantation South* (New York: W.W. Norton & Company, 1985), 111; Collini, 24.

¹⁷⁵ Stanton, "Route to Poplar Forest."

highly unusual in the case of an enslaved woman; if this were the case, Rachael would have been trusted with a horse, and if she had chosen to run away she would have had a three-day head start before she was expected at either Poplar Forest or Tufton. But why would Jefferson entrust a slave with this much mobility?

Thomas Jefferson most likely – and correctly – assumed that Rachael's personal connections and sense of responsibility to the pregnant women of Monticello and Poplar Forest plantations would prevent her from attempting an escape. Indeed, this was Jefferson's approach to the rest of his enslaved population as well. He believed that enslaved men and women were less likely to run away if they had families that tied them to the land, and importantly those families needed to be located within his properties (another reason why he rewarded women who married within the plantation).¹⁷⁶ In addition to increasing his capital, he may have also valued Rachael as a means to prevent runaways. By ensuring the safest possible birth and therefore the most children possible, she was also ensuring the creation of familial ties that he believed rooted people.

In the face of the commodification of enslaved reproduction and financialization of reproductive knowledge, enslaved midwives like Rachael most likely used their considerable mobility to act as messengers, passing along news and other forms of communication between Jefferson's plantations, which as discussed earlier meant bridging distances as short as a mile or as vast as ninety-three. However, within these purposeful "geographies of containment," both treks were extremely unlikely to be crossed by enslaved women without skills like midwifery.

¹⁷⁶ Stanton, *Those Who Labor for My Happiness*, 4.

Jefferson thought of himself as the head of a family that included his enslaved population – in developing ties to the land and to other enslaved people, he also saw them as becoming more entwined with the larger family of the plantation.

In her position as midwife, Rachael would have been privy to information about children and families, and most likely would have passed that information along over plantation lines.¹⁷⁷ In August of 1809 Rachael delivered Ellen, the daughter of Fanny Gillette, at Monticello Top. Four years later, Rachael delivered Scilla Gillette's daughter, Fanny, at Tufton farm.¹⁷⁸ While four years is a long time between visits, keep in mind that Rachael visited both locations multiple times in between the Gillette sisters' respective births.¹⁷⁹ Indeed, it is entirely probable that Rachael passed along information concerning Fanny's daughter to her sister Scilla, and vice versa.

Rachael likely connected the different Poplar farms as well. Edy, the daughter of Will Smith and Abby, gave birth to her first child, Barnaby, on June 30 1810, at Poplar Forest farm. Her sister Fanny gave birth to her nephew Zacharias at Bear Creek farm in April of 1813, and was attended to by Rachael. Again, while there are quite a few years between these births, it is highly likely that Rachael visited these properties in between 1810 and 1813. In fact, both sisters gave birth to other children in between these dates; Fanny to a son, Rhody, in July of 1811, and Edy to a daughter, Nancy, in February of 1812.¹⁸⁰ As for messages passed, it is possible and probable that while administering prenatal care to Fanny in 1811, Rachael would have relayed the tragic news that Edy's firstborn, Barnaby, had died before his first birthday.¹⁸¹

In this instance, as well as with the Gillette sisters, we can see how enslaved midwives like Rachael created and maintained family and community ties. Especially in the case of Edy

¹⁷⁷ For further information about female slave networks and networks of communication, please see Deborah Gray White's chapter, "The Female Slave Network," in *Ar'n't I a Woman?*

¹⁷⁸ "Memorandum Books, 1810," *Founders Online*, National Archives; "Memorandum Books, 1814," *Founders Online*, National Archives.

¹⁷⁹ Rachael delivered between 5-8 children at Monticello and Tufton from 1809 to 1813.

¹⁸⁰ Reed, 223.

¹⁸¹ Reed, 223.

There is no date of death for Barnaby, other than the year 1810 – given that he was born in June of 1810, he couldn't have been more than six months old.

and Fanny, who were not members of the more privileged Mulberry Row enslaved families, lines of communication were likely difficult to come by. The distances Rachael travelled would have been next to impossible for the women she visited. Her ability to move across farm, plantation, and even county lines with little to no resistance allowed her to build a network of communication that helped link families and friends in a world designed to separate and contain them.

In addition to bridging physical distance, Rachael also facilitated connections between generations of enslaved women at Monticello. Throughout her time as a midwife Rachael regularly attended to Ursula, an enslaved woman who worked as a cook at Monticello Top, and assisted her in the birth of five of her eleven children.¹⁸² In 1825, she was midwife to Anne, Ursula's youngest daughter, and delivered Susan, Ursula's only recorded grandchild.¹⁸³ It is quite possible that Ursula had other grandchildren, but she along with eight of her children were sold in 1827 after Jefferson's death. Anne and her daughter, Susan, were also appraised in 1826, but were most likely sold separately from Ursula and her siblings.¹⁸⁴ Also at Monticello Top, Rachael assisted Edy Hern in the delivery of her last recorded child, Daniel, in 1825. That same year, Rachael was midwife to Maria and delivered Edy Hern's first and only recorded grandchild.¹⁸⁵ Over the course of her sixteen-year career as midwife, Rachael attended to generations of women, thus strengthening kin and community ties.

¹⁸² Reed, 185; "Memorandum Books, 1814;" "Memorandum Books, 1816;" "Memorandum Books, 1820;" "Memorandum Books, 1825," *Founders Online*, National Archives.

¹⁸³ Reed, 185; "Memorandum Books, 1825," *Founders Online*, National Archives.

¹⁸⁴ Reed, 388.

As a note, there is no record of who purchased Anne, so it is possible that she was sold along with her mother to George Blaettermann. However, Ursula is noted as having been sold with eight of her children, and the record does not indicate a grandchild.

¹⁸⁵ Reed, 188; "Memorandum Books, 1825," *Founders Online*, National Archives.

There is no recorded name for Maria's child, or date of birth beyond the year. This may be because of Jefferson's declining health and subsequent death in 1826.

But Rachael was more than a connector, as she herself was intimately tied to the land and the enslaved community that inhabited it. In May of 1814, Rachael was midwife to her own daughter, Lazaria.¹⁸⁶ Lazaria successfully gave birth to her son Marshall, and in doing so gave Rachael her first grandchild. The generational exploitation of reproductive knowledge within slavery cannot be better emphasized than by this event. This was a subtle violence, violence culled from an intimate awareness that a child belonged not to the mother, but the enslaver.¹⁸⁷ Indeed, Rachael would have been aware of the fraught situation her daughter had entered upon the birth of her son, having entered the same terrible phenomenon decades earlier; the situation being, of course, that her grandson would face the same life she had, would be enslaved by the same man who owned her, and that there was quite simply nothing that she or Lazaria could have done to shield Marshall from this fate.

While these thoughts perhaps occupied Rachael before the delivery, it is unlikely they could have hampered the joy shared by her and Lazaria in the moments after Marshall's birth. While the emotions shared by mother and daughter would have been momentous, it is likely that many of the deliveries Rachael was midwife to were similarly cathartic experiences. Indeed, enslaved midwives "helped to create an alternative meaning of slave birth that confronted the objectification of the chattel principle and attempted to place the newborn infant within the context of kinship," rather than ownership.¹⁸⁸ Enslaved midwives used their notable mobility, authority, and autonomy to reclaim the "benign scene" of the birthing room, thus reconnecting enslaved women to their community and to themselves.

¹⁸⁶ "Memorandum Books, 1814," *Founders Online*, National Archives.

As a note, after Marshall's birth Lazaria is referred to as Maria.

¹⁸⁷ For further discussion of child ownership and kinship within American slavery, please see Hortense Spillers' essay, "Mama's Baby, Papa's Maybe: An American Grammar Book."

¹⁸⁸ Fett, "Consciousness and Calling," 70.

The development of the domestic slave trade led to a uniquely Chesapeake pronatalism that valued the wombs and offspring of enslaved women as highly lucrative. Thomas Jefferson himself considered "a woman who brings a child every two years as more profitable than the best man on the farm," as "what she produces is an addition to the capital, while his labors disappear in mere consumption."¹⁸⁹ As a natural extension of this pronatalism, enslaved midwives held great value within slave societies such as Virginia as protectors and procurers of future capital. Indeed, this rise in the valuation of enslaved women's reproductive ability was necessarily accompanied by the exploitative financialization of enslaved women's reproductive *knowledge*. This is evident in the two dollars Rachael received from Jefferson as payment after deliveries, meaning that by 1825 she had earned between \$78 and \$98, averaging between \$5.2 and \$6.53 annually. But the events following Jefferson's death would best illustrate enslaved midwives' value in the marketplace.

When Thomas Jefferson died in 1826, he was deeply in debt and his family was forced to sell his most valuable property – the men, women, and children he owned – in order to pay off creditors. In 1827 Rachael was appraised at fifty dollars.¹⁹⁰ This was quite unusual, considering she was fifty-one years old and well past laboring years; in fact, fifty-one would have been considered extremely elderly, as enslaved life expectancy hovered around twenty-five.¹⁹¹ This process of appraising the value of enslaved human beings and assigning that value a dollar amount was directly informed by the concept of depreciation. Depreciation, as Caitlin Rosenthal explains, "involves allocating capital costs over the useful lifetime of an asset;" human capital

¹⁸⁹ Thomas Jefferson, "From Thomas Jefferson to John Wayles Eppes, 30 June 1820," *Founders Online*, National Archives, accessed June 29, 2019, <http://founders.archives.gov/documents/Jefferson/98-01-02-1352>.

¹⁹⁰ Reed, 385.

¹⁹¹ Daina Ramey Berry, *The Price for Their Pound of Flesh*, 131.

depreciated in value as a consequence of injury, illness, and age.¹⁹² Financial depreciation is evident in women such as Minerva, who was five years older than Rachael, was appraised at zero dollars, and was recorded as worth "nothing."¹⁹³ Considering the decreased valuation of older enslaved women, it is even more striking that Rachael, while appraised at \$50, was sold to Matthew Casey for \$85.¹⁹⁴ This suggests that a bidding war occurred, as multiple planters found her valuable and bid against each other. Again, in contrast to other elderly enslaved people on the estate, who were essentially being given away, this is impressive and demonstrates the emphasis, importance, and monetary value Chesapeake planters placed on enslaved reproduction and reproductive knowledge during this period.

There is no record of Matthew Casey other than the receipt, which suggests he was a smaller planter perhaps looking to grow his existing slaveholding naturally by bringing a seasoned midwife into his home.¹⁹⁵ Considering many younger women, including her daughter Lazaria (who was appraised at two hundred dollars), were also being auctioned that day it is likely that Casey could not afford to purchase anyone other than Rachael. In short, she was the most cost-effective option.

Rachael's recorded story ends here. Her work, while crucial to her community, ultimately ended with the death of her enslaver. She was a woman who worked for years to maintain connections between families, but in the end was sold away from her five children and her grandson, Marshall; thus is the terrible irony and tragedy of motherhood and midwifery under slavery. What we know of Rachael's time as a midwife comes almost entirely from memorandum and account books. Indeed, it was the financialization of midwifery – connected of course to the

¹⁹² Caitlin Rosenthal, *Accounting for Slavery: Masters and Management*, 127, 121.

¹⁹³ Reed, 385.

¹⁹⁴ Nicholas P. Trist, "Bill from Monticello Estate Sale: Casey, Matthew, January 19, 1827," *Death of Thomas Jefferson Collection*, Thomas Jefferson Foundation, <http://tjrs.monticello.org/letter/2206>.

¹⁹⁵ In addition to Rachael, Casey purchased a used feather bed.

apprenticeships organized by slaveholders and the appropriation of reproductive authority by enslaved women – and by extension the inclusion of midwife fees in account books, that allowed for her story to be told. If not for recorded payments, the archive would be unable to illustrate her mobility and relative agency. However, the reality of enslaved midwives' lived experiences cannot be fully extrapolated from a handful of account book entries.

While the archive contains numerous, detailed accounts of the physical brutality that came with the experience of chattel slavery, these instances exemplify the level of bodily cruelty enslavers inflicted but do not reveal the weight of enslaved motherhood and midwifery. As Saidiya Hartman explains, "the most invasive forms of slavery's violence lie not in...exhibitions of 'extreme' suffering or in what we see, but in what we don't see."¹⁹⁶ We do not see the extent to which Rachael, much like Kate and Catey, understood the world she was in, and understood that in delivering children safely she was also contributing to her enslaver's wealth; in this case, Rachael knew that in delivering her own grandchild, Thomas Jefferson's slaveholding would grow. We do not see the unthinkable pain her daughter would come to feel, the unimaginable suffering that must come with the knowledge that her children would be enslaved by the same man that owned her, her mother, and her grandmother before her. The archive does not allow us to see how women like Rachael and Lalaria "experienced an enslavement marked by an enormous degree of uncertainty that was manifested in the bodies of children whose future was out of [their] control," nor does it allow us to see the ways in which enslaved midwives worked to combat the quotidian cruelty of enslaved motherhood.¹⁹⁷

The end of Rachael's time as a midwife to the Monticello and Poplar Forest plantations does not discount her efforts and contributions to creolization throughout her sixteen-year career.

¹⁹⁶ Saidiya Hartman, *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America* (Oxford: Oxford University Press, 1997), 42.

¹⁹⁷ Morgan, *Laboring Women*, 115.

As Rachael demonstrates, enslaved midwives straddled the crux of creolization in a very intimate, physical, and emotional sense. In a world undergoing immense changes at the foot of a burgeoning domestic slave trade, a world where forceful family separations were commonplace and enslaved motherhood was becoming increasingly commodified, enslaved midwives worked to secure community and kin connections across boundaries designed to contain and isolate. Enslaved midwives worked both within and against a capitalist pronatalist culture and strived to reclaim and redefine enslaved motherhood, all the while maintaining ties between members of a creole community.

Midwives and Motherhood at the End of the Long Eighteenth Century

As the past chapters of this study have shown, enslaved midwives' presence in the birthing room and their increased mobility – and thus their role in creolization and community formation – came about as the direct result of enslaver's purposeful transition from white to black midwives, as well as the financialization of enslaved reproduction and reproductive knowledge. Put simply, creolization was a consciously driven process – it was not something that simply "happened," but rather was a driven and nuanced process in which sometimes-positive outcomes came from often-dubious beginnings.

Creolization was also not an abstract phenomenon, but instead had real and tangible effects on the lives of African Americans. In this case, it affected enslaved women's personal experiences in childbirth. Though the “political economy that defined slave births in terms of slaveholder wealth implicitly linked the work of enslaved midwives to the property interests of slaveholders,” enslaved midwives likely believed their duty to be to the mother and her child, and to ensure their safety as members of her community rather than the property of her enslaver.¹⁹⁸ In order to show these experiential effects of creolization, this chapter will focus on the intimate moments of birth. While the last chapter discussed Rachael, an enslaved midwife owned by Thomas Jefferson, and her broad movements within her community, this chapter is framed around Rachael and Fanny, another woman owned by Jefferson, as a means to explore the more personal experiences of enslaved mothers and midwives at the end of the long eighteenth century.

This chapter is largely meditative in nature and attempts to discuss an aspect of enslaved motherhood and midwifery for which there is little archival evidence from the colonial and early

¹⁹⁸ Fett, "Consciousness and Calling: African American Midwives at Work in the Antebellum South," 68.

republic periods. Because of these silences in the archive, this chapter relies heavily on Antebellum scholarship for context.¹⁹⁹ In addition, this chapter also pulls literature on Anglo-American midwifery practices.²⁰⁰ By grounding this chapter in the works of historians of Anglo-American and Antebellum enslaved midwifery, we can make informed assumptions as to the experiences of eighteenth and early-nineteenth century enslaved women.

This chapter follows the relationship between enslaved mothers and midwives chronologically through pregnancy, birth, and postpartum care. It will begin with a discussion of pregnancy on an early-nineteenth-century plantation, focusing on the mother's workload and potential dangers present. This is followed by a look into the birthing room itself; this section focuses on the practices of midwives, as well as the issue of parturient pain. Finally, this chapter concludes by discussing the period immediately after birth, before the mother would return to work wherein midwives administered postpartum care and helped to maintain the new mother's household. By examining these moments in an enslaved woman's pregnancy and the role of midwives throughout their experience, we can better see how large processes affected the intimate and personal lives of enslaved women laboring in the Chesapeake during this period.

Pregnancy on Plantations

Fanny, the daughter of Will Smith and Abbey, grew up and spent much of her life on Poplar Forest plantation. Poplar Forest, comprised of several smaller farms, primarily operated

¹⁹⁹ Please see Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South*; Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations*; Sharla Fett, "Consciousness and Calling: African American Midwives at Work in the Antebellum South"; Dierdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology*; Deborah Gray White, *Ar'n't I A Woman: Female Slaves in the Plantation South*.

²⁰⁰ Judith Walzer Leavitt, "'Science' Enters the Birthing Room: Obstetrics in America Since the Eighteenth Century"; Leavitt, *Brought to Bed: Childbearing in American, 1750 to 1950*; Richard and Dorothy Wertz, *Lying-In: A History of Childbirth in America*.

as a tobacco plantation.²⁰¹ This meant that aside from a small portion of enslaved workers living there, such as Fanny's father who was the plantation blacksmith, the vast majority of laborers living and working at Poplar Forest were field hands. This was common work for enslaved women in general, and Fanny was likely no exception.²⁰²

This means, of course, that Fanny, and many enslaved women like her, likely labored in a field throughout much of her six pregnancies.²⁰³ Pregnancy did not exempt women from agricultural labor; indeed, "the effort of reproducing the labor force occurred alongside that of cultivating crops."²⁰⁴ While some planters recognized the need for reduced workloads in the immediate weeks before delivery, "not all owners reduced work assignments to any extent, and almost no one reduced work throughout a pregnancy."²⁰⁵ This resistance to relaxed labor expectations is tied directly to a tension between current agricultural profits and the potential capital to be found in an enslaved woman's successful pregnancy. Indeed, as Marie Jenkins Schwartz points out, "although planters welcomed the birth of a slave, no one wanted to be left shorthanded in cultivating a crop."²⁰⁶ However, as the nineteenth century progressed, we begin to see an increased awareness and concern on the part of planters to mitigate and ameliorate the work regimens of pregnant slaves.

²⁰¹ Nancy Verell, "Poplar Forest," *The Thomas Jefferson Encyclopedia*, last modified March 1, 2016, <https://www.monticello.org/site/research-and-collections/poplar-forest>.

²⁰² As a note, in Jefferson's Farm Book Fanny is listed with a plus next to her name (+) in a "Roll of Negroes in Bedford April 1810." In a previous roll list from 1774, Jefferson noted that a plus (+) indicated "a titheable person following some other occupation," while a star (*) denoted "a labourer in the ground." This could mean that Fanny was not a field hand and was instead a skilled laborer, but I have not been able to find any evidence of what that particular skill could have been.

Thomas Jefferson, "Farm Book, 1774-1824," *Thomas Jefferson Papers: An Electronic Archive* (Boston: Massachusetts Historical Society, 2003), 129, 9, <http://www.thomasjeffersonpapers.org/>.

²⁰³ Reed, 223.

²⁰⁴ Morgan, *Laboring Women*, 145.

²⁰⁵ Schwartz, *Birthing a Slave*, 135.

²⁰⁶ *Ibid.*, 128.

The increase in concern seems to be connected to the emergence of Chesapeake pronatalism in the late-eighteenth and early-nineteenth centuries. As explored previously, the rise of the domestic slave trade was facilitated by a tandem shift in thinking, wherein enslavers began to understand enslaved reproduction as more than a means to create future laborers; with this shift in thinking, slaveowners purposefully harnessed enslaved women's reproductive abilities to create future capital. With this in mind, it comes as no surprise that slaveowners took increasing care to balance the loss of labor with the promise of a growing slaveholding.

This care is evident in the instructions left for overseers. One particular planter directed his overseer to make sure that "pregnant women are always to do some work up to the time of their confinement, if it is only walking into the field and standing there."²⁰⁷ These instructions are strange, and seem to get at this tension exactly – he wanted these women present in the field, hopefully working, but also seemed to prioritize the pregnancy as, apparently, her presence alone was all that was absolutely required of her. James Henry Hammond, another nineteenth-century planter, gave more concrete instructions:

"Pregnant women at five months are put in the sucklers' gang. No plowing or lifting must be required of them. Sucklers, old, infirm, and pregnant receive the same allowances as full-work hands...Each woman on confinement has a bundle given her containing articles of clothing for the infant, pieces of cloth and rag, and some nourishment, as sugar coffee, rice, and flour for the mother."²⁰⁸

These regulations for pregnant women highlight the importance many planters placed on enslaved reproduction, if a bit more exaggerated than the average – indeed, it seems that a four-month loss in a woman's agricultural productivity was not the norm, and many planters settled on around four to five weeks before delivery.²⁰⁹

²⁰⁷ Wyndham Blanton, *Medicine in Virginia in the Eighteenth Century* (Richmond, VA: Garrett & Massie, Incorporated, 1931), 176.

²⁰⁸ Blanton, 176.

²⁰⁹ Schwartz, *Birthing a Slave*, 135.

This momentary reprieve from fieldwork, though economically driven, was likely also achieved in part through the negotiations of midwives. In the Antebellum period, "part of a midwife's role was to negotiate on behalf of mothers and infants for the resources that both needed for survival," and this absolutely would have extended to an alleviated routine.²¹⁰ It is safe to assume that enslaved midwives likely performed a similar mediating role between slaveholders and enslaved mothers in earlier generations as well. Indeed, this seems especially probable in the case of Rachael, the midwife who attended Fanny, as she appears to have been well respected not only by fellow enslaved women but also by Thomas Jefferson as well. The relationship, or at least the understanding, between Rachael and Jefferson likely allowed her to negotiate on behalf of the mothers she tended to.

While many enslavers saw the loss of production caused by a relaxed workload as balanced by the economic gain in the growth of their slaveholding, many feared the loss of this balance as a result of a failed pregnancy. This economically driven fear can be seen most clearly in the near-universal anxiety concerning miscarriages.²¹¹ Miscarriages were relatively common on plantations, precisely because the "strenuous nature" of agricultural work was a very real threat to a healthy and successful pregnancy.²¹²

The loss of a pregnancy, while understood as a financial blow by slaveowners, was also an event felt deeply by the mother. Importantly, when discussing any aspect of the nuanced, complicated, and ultimately traumatic experience of enslaved motherhood, historians must be careful to avoid attaching unwarranted sentimentality or romanticization; assuming emotions can become dicey, and Jennifer Morgan notes that feelings of ambivalence and distance from ones

²¹⁰ Schwartz, 150; Fett, "Consciousness and Calling: African American Midwives at Work in the Antebellum South," 71-72.

²¹¹ Schwartz, 117.

²¹² *Ibid.*, 135.

children - or in this case a lost pregnancy - "would have been just as logical an emotion as any" for enslaved mothers.²¹³ That being said, if mothers did feel a sense of pain and loss in the midst of a miscarriage, midwives were likely a source of support; given that "birth was an event that allowed women...to maintain a connection and shared identity through shared experience," it follows that the loss of a pregnancy could have been a similarly shared and emotional experience.²¹⁴

There seems to be little evidence of enslaved midwives attending to women experiencing miscarriages in the eighteenth century. This may be because many of the documents that actually record the work of these practitioners are account and memorandum books that are reserved for cash and goods exchanges. Though enslaved midwives appear in these documents, despite the fact that there was no money exchanged between the enslaver and the enslaved apprentice, these events were likely included in these books because they anticipated the shift to a reliance on black midwives. With this in mind, and when considering slaveowners' transactional understanding of the role of enslaved midwives, it is not difficult to speculate that slave midwives were largely not paid for attending miscarriages precisely because they did not deliver a viable child. This does not mean, however, that these women did not support mothers through the loss of a pregnancy.

While enslaved midwives are at times difficult to find in the archive, white midwives are relatively easier to locate, and there are several instances of white midwives tending to white mothers experiencing a miscarriage. John Allen, a slaveholder from Surry County in Virginia, recorded that he paid Sarah Deburrax ten shillings in March of 1733 for "being with my wife

²¹³ Morgan, *Laboring Women*, 114.

²¹⁴ Laurie Wilkie, "Granny Midwives: Gender and Generational Mediators of the African American Community," in *Engendering African American Archaeology*, ed. by Jillian Galle and Amy Young (Knoxville, TN: University of Tennessee Press, 2004), 93.

when she miscarried."²¹⁵ There are also instances of white midwives being paid for attending enslaved women in similar situations. On November 27, 1777 George Washington paid Mrs. Bishop, a white midwife and overseers' wife who frequently delivered children on his properties, "for laying lame Alice and attending Mill Judah in a Miscarriage."²¹⁶ Interestingly, the fact that a white midwife was paid in the event of an enslaved woman's miscarriage highlights the relative value seen in white women's reproductive practice in comparison to that of enslaved midwives, whose practice seems to only be valued upon the successful delivery of a child, and thus the successful growth of an owner's slaveholding. An enslaved midwife named Aggie is also a good example here. Though she lived and operated during the Antebellum period, she was recorded as having attended to "Amy who gave birth to a still child" in July of 1852.²¹⁷ Aggie, though recorded for attending this miscarriage, was not recorded as having received payment.

Because white midwives were paid in the eighteenth century for attending both white and black women who miscarried, and there is some evidence of black midwives in the Antebellum period doing the same, it seems safe to assume that enslaved midwives also attended to miscarrying mothers in the revolutionary era. Though the loss of a pregnancy certainly loomed over all mothers during this period, regardless of race, many, such as Fanny, indeed carried successful pregnancies to term. Fanny herself gave birth to six children, five of whom survived at least until Jefferson's death in 1826.

²¹⁵ "Allen Family Account Book, 1721-1754," Library of Virginia, Accession 43393, Misc. Reel 5329, 157.

²¹⁶ "Transcript of Lund Washington Account Book 1774-1786 (18A C.1)," Fred W. Smith National Library for the Study of George Washington, 66.

²¹⁷ Blanton, 164.

Enslaved Midwives in the Birthing Room

In April of 1813, Rachael traveled more than ninety miles from her home farm, Tufton, in order to reach Fanny and attend her in childbirth.²¹⁸ Because of this distance, Rachael did not often deliver children on the Bedford county farms; however, in this case she was able to make the trek from Albermarle county and successfully deliver Fanny's fourth child, Zacharias.²¹⁹ Because of the construction of Poplar Forest plantation, which utilized single-family slave cabins, Fanny most likely gave birth to Zacharias in her own home.²²⁰ While Fanny's parents and siblings lived and worked at Tomahawk farm, Fanny lived at Bear Creek farm at the time of Zacharias's birth.²²¹ Because of the distance between her and her family, and her single status, Rachael's calming, reassuring, and consistent presence by her side throughout the birth was paramount to Fanny's experience in childbirth.

Though this was not Fanny's first foray into childbirth and motherhood, as she had given birth to Rachael in 1807, Dorcas in 1809, and Rhody in 1811, Rachael was likely a great comfort.²²² She was, as a member of Jefferson's enslaved community, probably a familiar face; indeed, many midwives were, seeing as they were older and well-respected figures on a plantation.²²³ In the case of new mothers, midwives were likely especially so. Indeed, while tending to a mother "the midwife could explain the sequence of events, tell [her] what to do at each stage of labor, and inform both parents and extended kin the best way to care for the mother

²¹⁸ Please see the second chapter of this work for further information on Rachael's unique mobility and travel between Thomas Jefferson's Albermarle and Bedford county farms.

²¹⁹ Jefferson, "Memorandum Books, 1814," *Founders Online*, National Archives; Reed, 223.

²²⁰ "Plantation Community: Archaeology and Landscape Restoration," *Thomas Jefferson's Poplar Forest*, <https://www.poplarforest.org/learn/archaeology-and-landscape-restoration/plantation-community/>.

²²¹ Jefferson, "Thomas Jefferson's Lists of Slaves at Poplar Forest, [1811–1812]," *Founders Online*, National Archives, <https://founders.archives.gov/documents/Jefferson/03-04-02-0294>.

²²² Reed, 223. As a note, Dorcas had died in 1811, a few months before Rhody's birth.

²²³ White, 111; Fett, *Working Cures*, 55; Wilkie, 79.

and child following the birth."²²⁴ This was in contrast to young white physicians, who attempted to command rather than collaborate in the birthing room. These men also aligned themselves with enslavers, viewing the slaveowner as the client rather than the mother and thus decentering her in the delivery of her child. Enslaved midwives' attention and knowledgeable explanations likely calmed women in labor. As Deborah Gray White has explained, the "accumulated knowledge [of granny midwives]," garnered from apprenticeships, personal experience with motherhood, and years of practice, "delivered one into life" and helped guide mothers through the process.²²⁵

Though early obstetricians were appearing more and more frequently in the late eighteenth century, childbirth in America was still a predominantly social and female affair, and the relationship between soon-to-be-mothers and their midwife was an important part of this. The relationship between midwives and parturient mothers was much more supportive in nature than that of physicians.²²⁶ In the case of white women, midwives "orchestrated the events of labor and delivery" almost entirely, and many white mothers were reluctant to trust young physicians.²²⁷ In the case of enslaved mothers such as Fanny, the apprehension towards white physicians was especially prevalent. Indeed, black mothers "were distrustful of white doctors, who not only practiced a peculiar form of medicine but also served as the agents of the slaveholders."²²⁸

While they certainly were unable to exercise the same amount of choice as white women, whenever possible enslaved mothers deferred to midwives with whom they were familiar; slaveholders were largely in favor of this, only calling upon physicians when situations seemed

²²⁴ Schwartz, 150.

²²⁵ White, 116.

²²⁶ Schwartz, 36.

²²⁷ Leavitt, "'Science' Enters the Birthing Room," 282.

²²⁸ Schwartz, 2.

particularly dire, as physicians charged a much higher price than midwives.²²⁹ This preference for enslaved midwives was common throughout the South, and the Chesapeake was no exception. It is estimated that by the nineteenth century ninety percent of all deliveries within enslaved and African American communities were conducted by midwives, the majority of whom were black.²³⁰ Richard Macks, an ex-slave from Baltimore, explained that "when slaves took sick or some woman gave birth to a child...a midwife or old mama was the attendant, unless severe sickness" occurred in which case "Miss McPherson would send to the white doctor, [but] that was very seldom."²³¹

Enslaved midwives largely learned their practice from Anglo-American midwives, and thus much like their white counterparts they likely played a largely "noninterventionist, supportive role" throughout the event, and "as much as possible they let nature take its course."²³² Midwives "spent most of their time...comforting the parturient and waiting," only physically stepping-in to catch the child, tie and cut the umbilical cord, and if necessary, ensure that the placenta was also delivered.²³³

In rather sharp contrast to midwives' approach, men in the birthing room were notoriously interventionist. Physicians, when called, "prescribed medications, inserted a hand into the womb to facilitate the infant's passage into the vagina, and took measures such as bloodletting, which was thought to relax the reproductive organs and speed labor, ease pain, and

²²⁹ Fett, "Consciousness and Calling," 68.

²³⁰ Todd Savitt, "Black Health on the Plantation: Masters, Slaves, and Physicians," in *Science and Medicine in the Old South*, ed. by Ronald Numbers and Todd Savitt (Baton Rouge: Louisiana State University, 1989), 355; Deborah Gray White, *Ar'n't I a Woman?*, 111.

²³¹ Richard Macks, *Federal Writers' Project: Slave Narrative Project, Vol. 8, Maryland, Brooks-Williams*, 1936, Manuscript/Mixed Material, <https://www.loc.gov/item/mesn080/>.

²³² Leavitt, "Science" 282. For further information concerning the dissemination of reproductive knowledge from white to black midwives, please see chapter one of this work.

²³³ Leavitt, "Science" 282.

reduce inflammation."²³⁴ In addition to these obviously intruding practices, sometimes the dangers introduced by intervening physicians were more subtle. Indeed, "an unwashed and ungloved finger could have carried a higher risk to women's lives than a perineal laceration."²³⁵

In order to best understand the importance of black practitioners in the birthing room, historians must keep in mind the long history of slavery and the belief that black women did not feel pain during childbirth, or at least not to the same extent as white women. The believed absence of pain in childbirth was in some ways the very foundation of racial slavery in North America. The denial of pain in general was key to American bondage; as Saidiya Hartman explains, "the purported immunity of blacks to pain is absolutely essential to the spectacle of contented subjugation or, at the very least, to discrediting the claims of pain," and to discredit pain was to render them as other than white or civilized.²³⁶

The denial of parturient pain, or the pain felt in labor, was doubly harmful, as it not only denied the individual's personhood but also discredited the relationship between mother and child. The justification for laws concerning the inheritable nature of slavery, such as a Virginian law passed in 1662 that declared that "all children borne in this country shall be held bond or free only according to the condition of the mother," was undoubtedly connected to this belief.²³⁷ In order to create a system of hereditary slavery that was passed down via the mother, Chesapeake slaveowners necessarily had to dismantle not only black femininity, but specifically black motherhood. The concept of black mothers giving birth free of pain propelled this dismantling,

²³⁴ Schwartz, 144.

²³⁵ Leavitt, "Science," 288.

²³⁶ Hartman, 51.

²³⁷ "Laws of Virginia 1662 Act XII," *Virginia Laws of Servitude and Slavery*, University of Minnesota, http://users.hist.umn.edu/~bywelke/Virginia_Laws_of_Servitude_and_Slavery.htm.

as "pain played a special role in the association of childbirth and femininity."²³⁸ Indeed, "not only was the pain of labor sought to solidify the bond between mother and child, [but] a high degree of sensitivity to suffering in general was considered characteristic" of late-eighteenth and nineteenth-century femininity and motherhood.²³⁹

Racialized understandings of parturient pain are not a new subject of inquiry, as many historians of gender and slavery have explored the origins of these understandings and the consequences thereof. It was common knowledge throughout the eighteenth and nineteenth centuries that the ability to feel pain, and particularly pain in childbirth, differed depending on one's race. These racialized pseudo-biological arguments revolved around the idea that uncivilized (read: non-white) female bodies were either too mentally or physically indelicate to experience the suffering sensation of childbirth. Indeed, Anglo-Americans believed black women experienced "mechanical and meaningless childbearing," free of pain but also devoid of any connection to their children.²⁴⁰

This denial of pain was certainly present in the Antebellum period as well. By this point it seems that slaveowners and early obstetricians did not outright deny the existence of black women's pain in childbirth, but rather believed nonwhite women to be "sturdier and more resistant to suffering," and assumed that parturient pain "was felt differently."²⁴¹ This belief allowed white doctors to see enslaved women "as closer to nature, more like animals and therefore less chaste, so that their bodies could be manipulated by physicians with little

²³⁸ Miriam Rich, "The Curse of Civilized Woman: Race, Gender, and the Pain of Childbirth in Nineteenth-Century American Medicine," *Gender and History* 28, no. 1 (April 2016): 58.

²³⁹ Rich, 58.

²⁴⁰ Morgan, *Laboring Women*, 40.

²⁴¹ Nora Doyle, *Maternal Bodies: Redefining Motherhood in Early America* (Chapel Hill: University of North Carolina Press, 2018), 41.

impropriety."²⁴² Indeed, it became increasingly difficult to outright deny black women felt pain with the rise of experimental gynecological procedures and surgeries. Dr. James Marion Sims, for instance, "held fast to the practice of restraining surgical patients because he knew so many of them would physically resist being cut by his surgeon's blade, even black women who were allegedly impervious."²⁴³ Indeed, because of their intimate experiences with black women as patients, medical men did not actually believe that black people felt no pain, but instead "believed black people experienced pain that was not as severe as white people's pain."²⁴⁴ These beliefs were certainly not limited to physicians and were absolutely held by slaveowners and overseers as well; a South Carolina overseer wrote in 1828 that enslaved women's experiences in childbirth were "reduced one half" that of white women.²⁴⁵

The important intervention of enslaved midwives here seems painfully simple. These women were mothers themselves, and therefore would have recognized these ideas for what they were: pseudo-scientific lies. Indeed, Rachael herself was mother to five children. In September of 1791 she gave birth to her first child, Nancy; her second child, Abram, was born three years later in May of 1794; Lazaria was born on March 22, 1797; Eliza was born on September 30, 1805; and her last child, Ellen, was born on December 18, 1808, just under a year before Rachael began practicing midwifery.²⁴⁶ The simple act of recognizing, believing, and acknowledging both the pain and the situation these mothers were in was, in a way, an act of resistance – resistance to a complex system of slavery that denigrated enslaved motherhood to increase profits, a system that not only forcefully separated families but reorganized black kinship

²⁴² Doyle, 41.

²⁴³ Dierdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens, GA: University of Georgia Press, 2017), 112.

²⁴⁴ *Ibid.*, 112-114.

²⁴⁵ *Ibid.*, 110-111.

²⁴⁶ Reed, 182.

entirely. But if we move away from the largeness of it all and focus not on broad historical events and processes but rather on the weight of this recognition in the very intimate, private, personal moments of childbirth, historians can see that in acknowledging the pain and personhood of black women, black midwives protected and recovered the dignity of these mothers and the sanctity of motherhood under slavery.

Zacharias's birth in 1813 was successful, and Fanny would go on to deliver another two children.²⁴⁷ Though the size of Fanny's family may seem large, this was not unusual in the Chesapeake and certainly not on Jefferson's properties; for example, Flora at Poplar Forest had seven children, Edy Hern at Monticello had eight children, and Ursula at Monticello had eleven.²⁴⁸ Considering the average family size and Rachael's rather prolific sixteen-year career, the importance of enslaved midwives in the birthing room cannot be overstated. While Rachael, in her role as midwife, certainly supported and guided Fanny through her son's birth, Rachael's job was not yet complete. Postpartum care was crucial to the health of both mother and child, and midwives continued to aid new mothers in the immediate weeks after birth.

Mothers and Midwives in Confinement

In the moments and days after Zacharias was born, Rachael likely remained in Fanny's home, tending to her postpartum care, helping with her other children, Rachael and Rhody, and maintaining her home while she rested. This level of care was crucial for women such as Fanny, who seems to have lived alone with her children. In a set of management instructions Jefferson wrote for his incoming overseer, Jeremiah Goodman, in 1814, Jefferson stated that a pot, hemp bed, and "sifter must be got for every woman living in a house to themselves," and Fanny is

²⁴⁷ Reed, 223.

²⁴⁸ Reed, 185, 188, 186.

listed as a part of this group.²⁴⁹ Fanny was also never recorded as having been married, and no father was identified, meaning that Fanny only shared this stand-alone cabin with her two other children. As noted earlier, Fanny also had no other family living at Bear Creek at the time, so while in other cases a grandmother or mother may have helped, Fanny had no nearby female relatives to rely on. With this in mind, Rachael's duties after the birth of a child were just as important to enslaved mothers as those before and during the birth.

When a white woman went into labor in the eighteenth century, she commonly would have "called her women together" in addition to calling for the midwife.²⁵⁰ These women, sometimes referred to as "gossips," would comfort their friend in labor while the midwife worked; childbirth in early America was inherently social.²⁵¹ After the birth itself, many of these female attendants remained to care for the mother, performing household chores and cleaning, preparing meals, and generally maintaining the new mother's household so that she "was able to rest, to regain her strength, and to initiate her nursing and care for the new child without interruption."²⁵²

Due to the conditions of slavery, enslaved mothers did not have a similar access to traditionally social childbirths. Because of planter's economic priorities, "female kin and friends of women in [labor] were rarely permitted time away from the fields to attend their parturient peers," as this would have disrupted the economic productivity of the plantation.²⁵³ Indeed, "enslaved people's time was strictly controlled and under intense pressure," which made it

²⁴⁹ Jefferson, "Thomas Jefferson's Instructions for Poplar Forest Management, 11 November 1814," *Founders Online*, National Archives, <https://founders.archives.gov/documents/Jefferson/03-08-02-0061>.

²⁵⁰ Leavitt, *Brought to Bed*, 36.

²⁵¹ Wertz and Wertz, *Lying-In*, 4.

²⁵² Wertz and Wertz, *Lying-In*, 4. For further reading, please see the entire chapter, "Midwives and Social Childbirth in Colonial America."

²⁵³ Paton, "Maternal Struggles and the Politics of Childlessness Under Pronatalist Caribbean Slavery," 258.

difficult for friends and family to attend to a new mother during and after her delivery.²⁵⁴ The job of postpartum care, therefore, was left in the hands of enslaved plantation midwives, possibly to a greater extent than their white counterparts. Indeed, "nineteenth-century midwifery work extended beyond the birth to postpartum care and other domestic work in the mother's household," and many slaveowners "expected midwives to stay with the enslaved families they attended for up to a fortnight after the child's birth."²⁵⁵

Planters often left instructions for their overseers that detailed the postpartum care expected and allowed on plantations, much like they did for the workloads of pregnant women. Hammond's plantation manual, which was discussed previously, noted that "the regular plantation mid-wife shall attend all women in confinement...the confined woman lies up one month, and the midwife remains in constant attendance for seven days."²⁵⁶ Another planter, who seems to have been much more lenient, told his overseer that "lying-in women are to be attended by the midwife as long as necessary."²⁵⁷

As we can see, planters were in some ways quite dedicated to ensuring the postpartum health of enslaved mothers. The motivations for this were, unsurprisingly, financial in nature. In maintaining the reproductive health of enslaved women, slaveholders were working to maintain access to a flow of future capital. This is directly related to the concept of Chesapeake pronatalism, as enslavers prioritized reproductive health to preserve reproductive ability; this way enslaved mothers could continue to increase their slaveholding. Fanny herself, who Rachael likely attended for up to two weeks after her son's birth, went on to have another two children and six in all; in fact, according to Jefferson's memorandum book Rachael attended Fanny once

²⁵⁴ Paton, 257.

²⁵⁵ Fett, "Consciousness and Calling," 73.

²⁵⁶ Blanton, 177.

²⁵⁷ *Ibid.*, 177.

again in 1816 during the birth of her daughter, Martha Anne.²⁵⁸ In addition to preserving reproductive ability, a slaveholder's decision to rely on a midwife, and not on a group of 'gossips,' for postpartum healthcare and the maintenance of the mother's household likely also saved them money.

The majority of enslaved midwives were older or even elderly women; this is evidenced in the fact that they are often referred to as "grannies." Indeed, these women largely "belonged to the ranks of older women reassigned to other tasks because of their declining endurance for field work."²⁵⁹ Though Rachael was thirty-seven at the time she delivered Zacharias, an age that seems to have been slightly younger than other enslaved midwives, she continued to practice midwifery on Thomas Jefferson's properties into her fifties; at that point Rachael was certainly understood to be an elderly woman.²⁶⁰ Midwifery was a means by which enslavers could continue to extract labor from those who were too old to perform agricultural labor, so in utilizing elderly women in postpartum care enslavers simultaneously kept younger enslaved women working productively outside the birthing room and kept older women working reproductively inside the birthing room. In doing so, slaveholders likely increased their overall profits. Regardless of slaveholders' motivations, however, black midwives were likely a great source of comfort and assistance to enslaved mothers in the weeks immediately following birth.

Enslaved midwives' presence in the birthing room, and particularly in those intimate moments of childbirth, was paramount to an enslaved mother's experience. Indeed, by appropriating that reproductive space, black midwives created an environment that was dominated by black women. This would have been an environment in which enslaved women

²⁵⁸ Reed, 223.

²⁵⁹ Fett, "Consciousness and Calling," 69.

²⁶⁰ Daina Ramey Berry, *The Price for Their Pound of Flesh*, 130.

were not seen as financial assets or opportunities for medical experimentation, but rather as both members of a community and as, above all, mothers. For enslaved mothers, being tended to by enslaved midwives was an experiential component of creolization, and this relationship emphasizes the importance of midwives within this process as both facilitators and members of the resultant creole African American community.

Though this chapter's purpose was an attempt to see inside an eighteenth-century plantation birthing room, it feels important to make a small addendum at its close. As noted throughout, this final chapter relied heavily on evidence and sources from the Antebellum period, and these were reflected back to make informed assumptions concerning black women's experiences in the eighteenth and early-nineteenth centuries. The reasons for this lack of evidence seem to be two-fold.

As many historians of gender and slavery have noted, archival research often asks more questions than it answers. Enslaved women's lives and experiences were largely recorded in fragments – a few lines in an account book, a passing mention in a letter between slaveholders, an overseer's roster – and this was purposeful. Indeed, slaveholders reduced these women in their writing as a means to assert dominance; documentation was a form of power. In documenting these lives in this manner, slaveholders diminished personhood in favor of numbers while employing a level of surveillance that defined this era of slavery. As Riley Snorton has explained, the "visual economy of racial slavery" was dependent on an "unrelenting scopic availability" of blackness and black bodies.²⁶¹ Essentially, plantation slavery functioned precisely because enslavers, managers, and overseers could look upon any enslaved person at any time – this surveillance manifested in increasingly detailed documentation. If written

²⁶¹ C. Riley Snorton, *Black On Both Sides: A Racial History of Trans Identity* (Minneapolis: University of Minnesota Press, 2017), 33.

documentation was an important aspect of plantation management, then the lack of archival evidence concerning enslaved midwifery may be indicative of a lack of control.

As explored in the second chapter of this work, enslaved midwives' appropriation of reproductive authority on Chesapeake plantations may have, in part, worked to subvert this surveillance – they may have shut the door, so to speak. Midwives such as Rachael attempted to create a space where enslaved women in labor could deliver their children in relative privacy and, if only for a moment, exist apart from the watchful and calculating eyes of overseers and slaveholders. With this in mind, it is possible to consider the dearth of sources as a sign that they were successful in their endeavors. In other words, historians may have trouble finding records depicting plantation birthing rooms in this period precisely because women such as Rachael and Fanny did not want outsiders to witness these private moments. So, while the paucity of sources may frustrate projects such as this, it is possible that as historians we must be satisfied with an incomplete picture, with a door that has only been cracked, rather than kicked down. And it is possible that this is, in some ways, for the best.

Conclusion

Enslaved women working as midwives in the eighteenth-century Chesapeake walked a difficult, narrow, and nuanced line. The work these women did was certainly entwined with creolization, the historical process by which a population of captured and imported Africans created a unique culture and community; in other words, the process wherein Africans became African American.²⁶² Reproduction was central in this process, as enslaved black women literally birthed a community into existence. Because of its favorable environment, especially when compared to the Caribbean and the Lowcountry, the Chesapeake was home to an exponentially-growing enslaved population that by the end of the eighteenth century had been born in North America; to be born in the New World was the most basic mark of a creole community.²⁶³ If birth was central to creolization, then naturally those who delivered these creole children were important in the process.

Enslaved midwives operated as both the subjects of creolization and as facilitators of the process. Throughout this project I have highlighted the role these women played in the development and maintenance of a uniquely African American community. Especially, this study analyzes the ways in which enslaved midwives utilized the privileges afforded them to reclaim enslaved motherhood and to situate enslaved childbirth in the context of community.

Because midwifery knowledge was passed through experiential apprenticeships and oral instruction, it is difficult to entirely determine the extent to which West African practices were brought across the Atlantic. Despite the paucity of written sources, we can assume from the ubiquity of local white midwives on early colonial Chesapeake plantations that these practices

²⁶² For further reading please see James Sidbury's work, *Becoming African in America: Race and Nation in the Early Black Atlantic, 1760-1830*.

²⁶³ Gwendolyn Midlo Hall, *Africans in Colonial Louisiana: The Development of Afro-Creole Culture in the Eighteenth Century* (Baton Rouge: Louisiana State University Press, 1992), 157.

likely did not travel well to North America. African females brought to the Chesapeake in the seventeenth century were largely girls and adolescents, and as such had very limited personal experience with childbirth – this proved difficult for maintaining traditionally West African birthing practices, as personal experiences were vital to an experientially-learned skill like midwifery. Because "much of the accumulated medical knowledge of older African women [was likely] lost in the forced migration to the New World," Chesapeake planters relied heavily on local white midwives – and especially overseers' wives – to perform reproductive healthcare on their plantations throughout much of the seventeenth and early-eighteenth centuries.²⁶⁴ As this project has shown, however, slaveholders pushed their plantations (and the enslaved communities who lived and worked on them) to be increasingly self-sufficient throughout the eighteenth century, and this certainly extended to midwifery.

Apprenticeships, likely encouraged by financially-minded slaveholders, formed between white midwives and enslaved women beginning as early as 1725. These apprenticeships, recorded in plantation account books, were indicated by the use of the word "with." While other midwifery payment entries were fairly formulaic, noting the midwife's name and then the names of multiple women she was being paid for assisting, some included a slight addendum in that the end of the entry would read "with Phoebe," "with Robin," "with Dina," or "with" another enslaved woman's name. These women sometimes appeared later in the record as full-fledged midwives, and many enslaved midwives, though they were not recorded as having participated in such an apprenticeship, had been assisted by a white midwife earlier in their life. For example, Mrs. Sneed acted as midwife to Rachael and delivered her daughter, Lazaria, on March 22,

²⁶⁴ Lorena Walsh, *From Calabar to Carter's Grove: The History of a Virginia Slave Community* (Charlottesville: University of Virginia Press, 1997), 174.

1797.²⁶⁵ Rachael, an enslaved woman who lived and worked on Thomas Jefferson's Tufton Farm, would go on to work as a midwife at both the Monticello and Poplar Forest plantations for sixteen years.

This push for vertical integration overlapped with the development of the domestic slave trade and tandem closure of the transatlantic slave trade. Virginia planters, faced with an excess enslaved population that was growing exponentially, purposefully utilized the closure of the transatlantic trade to better the market for themselves. This moment also saw a significant shift in planter ideology, wherein they began to see enslaved reproduction not only as the production of future laborers, but as a means to produce commodities in and of themselves. As Steven Deyle points out, Chesapeake planters began "to see the ability to reproduce as a valuable commodity and by the second half of the eighteenth century recognized the extra profits that the sale of slave offspring could bring."²⁶⁶ In other words, slaveholders reconceptualized the kinds of bodies being reproduced and commodified enslaved children as future capital.

This significant shift in thinking precipitated the rise of an iteration of Atlantic pronatalism unique to the Chesapeake. Previous scholarship has largely associated pronatalism with the Caribbean, as it has understood pronatalism to be intrinsically tied to colonial legislation. However, this study has shown that the economic environment of the eighteenth-century Chesapeake, wherein the issue of an excess enslaved population was met with the development and expansion of the domestic slave market, fostered an increased valuation and commodification of enslaved reproduction. This naturally extended not only to reproductive ability, but also reproductive knowledge. This commodification and financialization of

²⁶⁵ Thomas Jefferson, "Memorandum Books, 1797," *Founders Online*, National Archives, <https://founders.archives.gov/documents/Jefferson/02-02-02-0007>; Reed, 182.

²⁶⁶ Deyle, "The Irony of Liberty," 50.

knowledge is apparent in the increased occurrence of payments to enslaved midwives, as recorded in various plantation account and memorandum books.

By combing through slaveholder's financial records, this study demonstrates how the increased commodification of enslaved bodies and reproduction, resulting from a pronatalist ideology, allowed enslaved midwives to appropriate reproductive authority and space on eighteenth-century Chesapeake plantations. Indeed, by replacing white midwives in plantation birthing rooms enslaved midwives created a space largely dominated by black women. In addition, by claiming that space enslaved practitioners asserted a sense of privacy for mothers in labor, shielded them momentarily from slaveowners' calculating and invasive gaze.

Because of their valued skill set, enslaved midwives had access to a level of mobility relatively unheard of for other bondwomen. These women regularly crossed farm, plantation, and even county lines in order to tend to pregnant women and laboring mothers. As the slave population increased and slaveholders began to divide enslaved families between properties, enslaved midwives used their impressive mobility to connect families across relatively large distances. Indeed, this mobility allowed them, as Rachael exemplified, to create and maintain lines of communication across plantation boundaries; this was important in the maintenance of a creolized community, as the development of family ties was crucial to the process of creolization.²⁶⁷

It is important to reiterate the fact that creolization was not a process that simply "happened," but rather was pushed forward and resulted from the conscious decisions of both enslavers and the enslaved. Indeed, as this study has shown economically driven slaveholders manufactured an environment in which enslaved midwives were allowed authority, agency, and

²⁶⁷ See Lorena Walsh's chapter, "A New Creole Generation and a New Culture," in her book *From Calabar to Carter's Grove*, for further reading.

mobility as a result of their role in growing slaveholdings. But these women made use of their situation and employed these privileges to support lines of communication amongst their communities and to support the mothers with whom they worked.

Furthermore, creolization was not an abstract process, seen only in broad strokes across the southern landscape. Rather, it was a process that closely affected the lives of creole African Americans. This project, particularly in the case study concerning Rachael and the final chapter, reveals the ways in which creolization was felt intimately and personally by enslaved mothers, and how enslaved midwives worked to protect these women and ensure their safety and comfort to the best of their abilities.

Enslaved midwives were prominent figures on the Chesapeake landscape, and their work placed them in an unfathomably difficult situation. They operated within a system of slavery that compensated them for and charged them with the task of safely procuring future capital and thus facilitating not only the growth of their owner's slaveholding but also the domestic slave market, which was dependent upon the continual reproduction of black bodies. This was an emotionally demanding line to walk, as midwives commonly tended to women from their own communities and, in some cases, their own families. These women undoubtedly understood that in safely delivering these children, sometimes their own grandchildren, they were assisting in the growth of their owner's slaveholding. However, in the face of commodification and a burgeoning slave trade, enslaved midwives utilized the privileges of their position to better connect their communities, and to resituate black motherhood, childbirth, and children "within the context of kinship" and community, rather than ownership.²⁶⁸ Enslaved midwives worked purposefully to connect their communities and to protect and care for enslaved mothers – especially in those most trying and intimate moments of childbirth. In short, their importance cannot be

²⁶⁸ Fett, "Consciousness and Calling," 70.

overemphasized and their role in creolization and community maintenance must be taken seriously.

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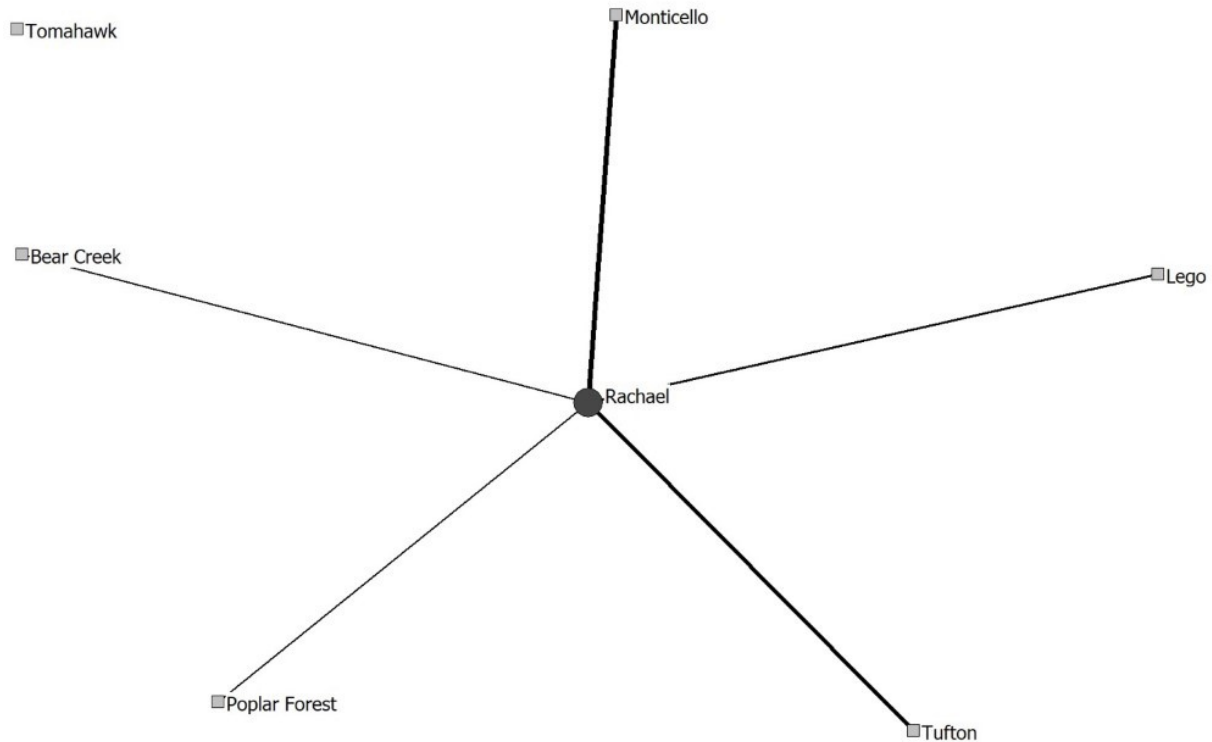
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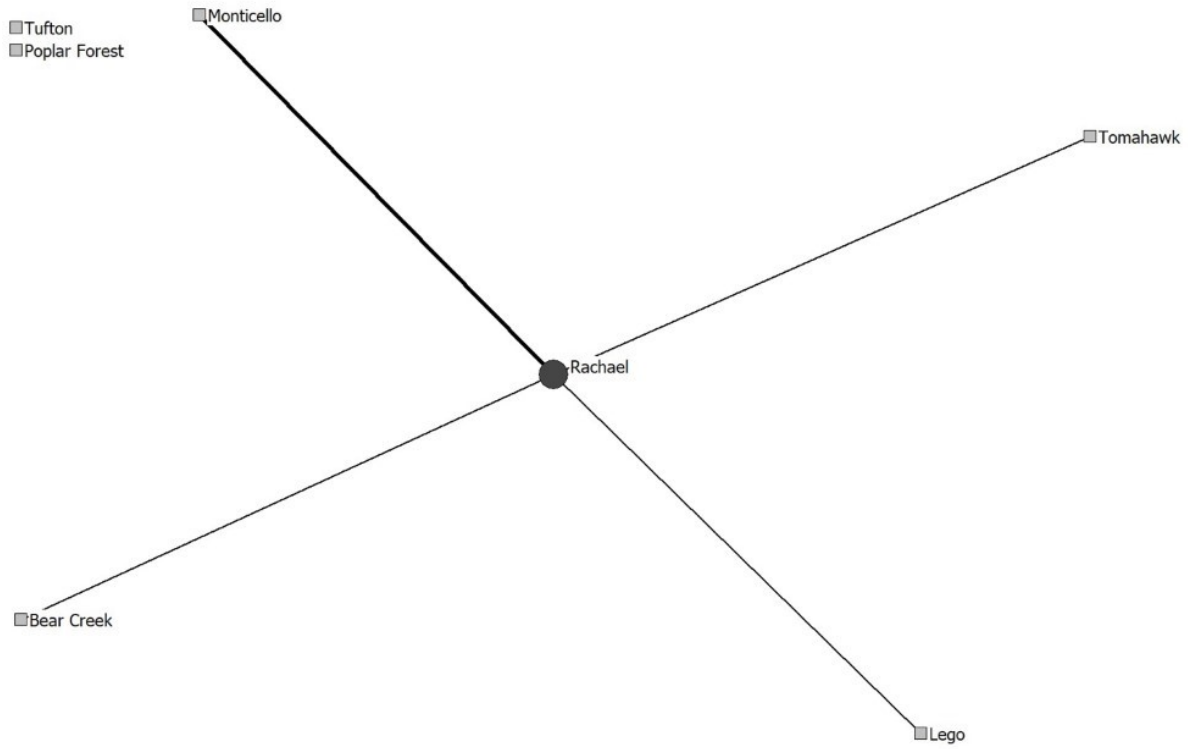
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Appendix A

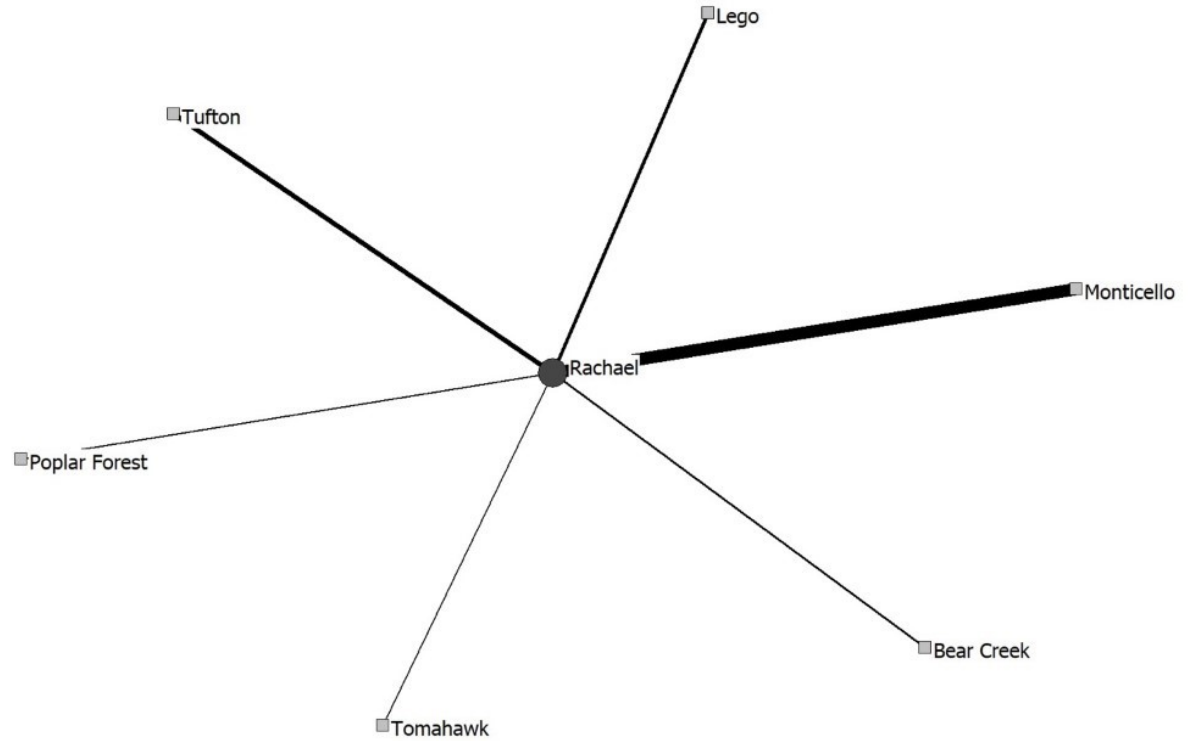
Below is a series of network graphs depicting the frequency with which Rachael delivered children at the various Monticello and Poplar Forest plantations. The thickness of the line that connects Rachael to a particular farm indicates the frequency with which she visited; the thicker the line, the more often she was recorded as having delivered children there. Network A depicts deliveries between 1809 and 1815, Network B depicts deliveries between 1816 and 1820, and Network C depicts the total frequency of deliveries. There is no Network for the years 1821 to 1825 because Rachael's only recorded deliveries between those years were at Monticello.



(Above) Network A: Rachael's recorded deliveries between 1809 and 1815



(Above) Network B: Rachael's deliveries between 1816 and 1820



(Above) Network C: Rachael's total deliveries from 1809-1825.