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## Who Has the Right to Reproduce? Forced Sterilization in South Carolina in the Early Twentieth Century

Kathryn Pownall

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Who Has the Right to Reproduce?  
Forced Sterilization in South Carolina in the Early Twentieth Century

by

Kathryn Pownall

Bachelor of Arts  
University of Alberta, 2020

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Submitted in Partial Fulfillment of the Requirements

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Accepted by:

Joseph November, Director of Thesis

Thomas Brown, Reader

Tracey L. Weldon, Interim Vice Provost and Dean of the Graduate School

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## DEDICATION

This thesis is dedicated to the memory of my grandma, Gertrude Pownall (1926-2020).

Your intelligence and wit continue to inspire me.

## ACKNOWLEDGEMENTS

This thesis was only made possible through the support of many individuals that have made my time in South Carolina so special. First, I would like to thank my thesis director, Dr. Joseph November, for his guidance and support studying the history of eugenics. Additionally, I have to thank Dr. Thomas Brown for his guidance on situating my research in the political and social climate of South Carolina in this time period. I appreciate the time both of them spent reviewing my work. Next, I would like to thank my parents, Joe and Frances, as well as my sisters, Molly and Hannah, for always being willing to answer a facetime call when I needed reassurance. Despite being a whole country away, I could not have done it without you. Lastly, to all to my friends I have made these past two years, thank you! I appreciate my entire cohort for their friendship and continual support, both academically and socially. Thanks for always being willing to sing karaoke, proofread each other's papers, and go out to eat after evening classes.

## ABSTRACT

This paper aims to uncover the history of forced sterilization in South Carolina. Compulsory sterilization of the feeble-minded, a form of eugenics, gained prominence in the United States throughout the early twentieth century. It was both an ableist and misogynistic movement that targeted women because they were seen to be responsible for reproduction. Sterilization was regarded as a solution to halting the reproduction of feeble-minded individuals, who would otherwise continue to depend on the state financially. South Carolina was slow to implement a sterilization law, becoming the thirty-first (and second-to-last) state to pass one. Although South Carolina shares a border with North Carolina, whose aggressive sterilization program has attracted many scholars, it has typically been overlooked in the historical narrative. North and South Carolina had quite different numbers of sterilizations despite their geographic proximity: almost 7,000 were sterilized in North Carolina compared to around 280 in South Carolina. This large disparity indicates that citizens, physicians, and state representatives in South Carolina had fundamentally different political and social values than residents of states that advocated for sterilization. Broadening the history of sterilization to include an in-depth analysis of South Carolina will demonstrate how values of anti-elitism and individual freedom, as well as educational and financial limitations, influenced the state's hesitancy to adopt and implement sterilization.

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## INTRODUCTION

“These laws allowed the state to create a second-class citizenship deprived of their most basic civil rights,” Governor Jim Hodges stated in his public apology to the people of South Carolina.<sup>1</sup> In 2003, Hodges’ statement was the first acknowledgement of guilt in regard to the state’s fifty-year period of legal, forced sterilization that occurred from 1935 to 1985. Families placed their loved ones in these state-run institutions, expecting that they would be taken care of and not be given life-altering surgeries. The government of South Carolina failed to protect individuals when they were forcibly sterilized. Governor Hodges wished “to acknowledge the great injustice” that occurred when over 250 citizens of South Carolina, both men and women, were deprived of their reproductive rights.<sup>2</sup>

In the United States, the eugenics movement within the state legislatures began in 1907 when Indiana passed the very first sterilization law.<sup>3</sup> Connecticut, California, and Washington followed with their laws in 1909 and by the time the United States entered the First World War in 1917, sixteen states across the country had legal sterilization.<sup>4</sup>

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<sup>1</sup> Governor Jim Hodges to the People of South Carolina, Public Apology for Sterilization, January 8, 2003, *Office of the Governor*, Sterilization Folder, South Carolina State Department of Archives and History.

<sup>2</sup> Hodges, Public Apology.

<sup>3</sup> Julius Paul, “. . . Three Generations of Imbeciles are Enough . . .” State Eugenic Sterilization in American Thought and Practice,” (*Buck v. Bell Documents*, Paper 95, 1965): 54-55.

<sup>4</sup> Paul, “Three Generations of Imbeciles are Enough,” 55.



South Carolina, evidently, was wary of enacting sterilization, given that the law was passed over twenty-five years after its counterpart in Indiana. Despite the hesitancy, sterilization advocates were eventually able to convince the legislature. Following the nation-wide trend, South Carolina passed its state law in 1935, becoming the thirty-first state to legalize the forced sterilization of its citizens. Only thirty-two out of forty-eight states passed sterilization laws, indicating that some states were never swayed by eugenicists. Massachusetts, Ohio, Maryland, and Illinois are all examples of states that never enacted sterilization. South Carolina is notable and needs to be examined because despite this hesitation, the state legislature was still ultimately convinced that sterilizing some of its citizens would be beneficial to the state. It is even more notable, however, that not every southern state passed sterilization laws. Eugenicists in Missouri and Tennessee never succeeded in passing sterilization laws through their legislature.<sup>5</sup> This paper, then, will engage with the social and political factors in South Carolina that led the state legislature to be reluctant to accept, but still ultimately implement, a compulsory sterilization law for its citizens.

South Carolina is an appealing case study that allows one to the implementation of compulsory sterilization laws after the Progressive Era. The only state to pass a law later than South Carolina was Georgia in 1937.<sup>6</sup> South Carolina begs several questions for scholars. Why did South Carolina take longer than many other states in implementing sterilization? What values and ideologies specific to South Carolina made citizens and

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<sup>5</sup> Paul, "Three Generations of Imbeciles are Enough," 11, 570, and 573.

<sup>6</sup> Paul, "Three Generations of Imbeciles are Enough," 325.

legislators slow to accept it? What eventually allowed proponents of sterilization to pass the law in 1935, after a legal battle of several years?

This paper will investigate these questions by engaging with Edward J. Larson's *Sex, Race, and Science: Eugenics in the Deep South* (1995) and Jean Hook Haddock's "'A Matter of Moral and Social Duty: Benjamin O. Whitten's Tenure as superintendent of an Institution for Persons with Mental Retardation in South Carolina, 1918-1965'" (1999), both of which interpret South Carolina's hesitancy towards sterilization. Larson's *Sex, Race, and Science* aimed to fill a gap in the historiography of eugenics scholarship that only previously concentrated on the North and West of the United States (along with border states like North Carolina). The Deep South, however, has a curious role in the history of eugenics because it includes some of the nation's last states to implement sterilization laws.<sup>7</sup> Haddock's "'A Matter of Moral and Social Duty'" investigates the leading advocate of sterilization in South Carolina, Benjamin O. Whitten, and his struggles in presiding over a southern state-run institution for the feeble-minded. My research on South Carolina aims to build on Larson and Haddock's work and fill a gap in the historiography by focusing on the Palmetto State's hesitancy to adopt and implement eugenics. This thesis will situate the broad uncertainty towards eugenics within the political landscape of South Carolina in this period, which had a strong tradition of class-based, anti-elitist politics. Despite progressive reform sweeping the nation and efforts of key physicians like Whitten, compulsory sterilization was never fully embraced by the citizens and legislators of South Carolina, even after the bill was passed in the legislature.

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<sup>7</sup> J. H. Landman, *Human Sterilization: The History of the Sexual Sterilization Movement*, (New York, Macmillan, 1932), 81 and 91. Alabama passed its sterilization law in 1919, Mississippi in 1928, South Carolina in 1935, and Georgia in 1937.

South Carolina's hesitancy stemmed from its citizens' commitment to their personal freedom over government interference through compulsory sterilization. Efforts here were also hampered by a lack of education, a distrust of intellectuals such as doctors, and financial instability within the state.

Comparing South Carolina to its neighbor, North Carolina, raises the issue of why and how the Carolinas were so radically different in their acceptance of sterilization. North Carolina sterilized almost 7,000 people, while South Carolina only sterilized a little over 250.<sup>8</sup> Most scholarly interest has concerned the motivations behind aggressive eugenics programs like the one in North Carolina, but the fact that South Carolina sterilized significantly less people raises different questions about why the state was more hesitant to utilize the law than other states after its passage.<sup>9</sup> Like South Carolina, North Carolina was originally slow in its passage of a functional sterilization law. Its first law was enacted in 1919 but was not widely used because of concerns about its constitutionality. After the United States Supreme Court Case of *Buck v. Bell* in 1927 gave sterilization legal protection, North Carolina passed a second law in 1929 which the state aggressively utilized.<sup>10</sup> While both North Carolina and South Carolina passed eugenics laws later than the majority of states that adopted them, the fundamentally

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<sup>8</sup> Paul, "Three Generations of Imbeciles are Enough," 467. 277 citizens of South Carolina were sterilized by the end of 1963, where this data ends.

<sup>9</sup> For further reading on North Carolina's sterilization program: Kevin Begos, *Against Their Will: North Carolina's Sterilization Program and the Campaign for Reparations*, (Apalachicola, FL: Gray Oak Books, 2012); Katherine Castles, "Quiet Eugenics: Sterilization in North Carolina's Institutions for the Mentally Retarded, 1945-1965," *The Journal of Southern History* 68, no. 4 (2002): 849-878; and Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*, (Chapel Hill: University of North Carolina Press, 2005).

<sup>10</sup> Landman, *Human Sterilization*, 80-81.

different political and social consciousness of South Carolinians led the state to perform less sterilizations than its aggressive neighbor.

## CHAPTER ONE

### OVERVIEW OF STERILIZATION IN THE UNITED STATES

American psychologist and leading eugenicist Henry Goddard defined feeble-mindedness as a “mental defect from birth or from an early age due to incomplete or abnormal development” which causes the individual to be unable to perform their expected duties in society.<sup>11</sup> The term emerged in the late nineteenth century to refer to the more serious forms of mental deficiencies. Although Goddard provided a definition of feeble-mindedness, it was deliberately left open-ended. A flexible and unrestricted conception of feeble-mindedness allowed eugenicists to target individuals that they perceived as corrupting society, whether it be racially, financially, or morally.

Promiscuity was the one of the most pervasive characteristics associated with feeble-minded individuals, due to misogyny. Rebecca M. Kluchin, historian of reproduction, argues that there was a common assumption that women’s feeble-mindedness and sexual immoralities were correlated.<sup>12</sup> Analysis of sterilization petitions in South Carolina provide evidence for this point.<sup>13</sup> May T. Elam, Director of

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<sup>11</sup> Henry Herbert Goddard, “The Elimination of Feeble-Mindedness,” *The Annals of the American Academy of Political and Social Science* 37, no. 2(1911): 261. Goddard was also known for introducing the term moron and his genealogical case study of the Kallikak Family that argued for the hereditary nature of feeble-mindedness.

<sup>12</sup> Rebecca M. Kluchin, *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980*, (Rutgers University Press, 2009): 114.

<sup>13</sup> The state seals and protects mental health records for seventy-five years. Names and identifying information of all patients have been removed in this paper, for privacy reasons, as required by the South Carolina State Department of Archives and History.

Public Welfare of South Carolina, specifically described a woman as promiscuous and mentally incapable of taking care of her children.<sup>14</sup> The patient already had three children and lost her fourth child only a few moments after birth. It would be “socially inadvisable for [her] to give birth to another child.”<sup>15</sup> Elam saw the woman’s alleged promiscuity as a socially undesirable problem that could be resolved through sexual sterilization. In another petition, this time regarding the sterilization of a 27-year-old woman (noted to have a mental age of three years and seven months), sterilization was regarded as in her best interests because she could not guard herself from the “further advances of unscrupulous persons.”<sup>16</sup> She already had given birth to an illegitimate child, thus proving she was unable to protect herself from men’s advances.<sup>17</sup> This case illustrates how the definition of feeble-mindedness was closely tied to promiscuity, as well as illegitimate children. In an *Clinton Chronicle* editorial, the author stated that “no one has ever estimated how many illegitimate children in South Carolina have feeble-minded mothers, but the number is probably very large.”<sup>18</sup> Paul Lombardo, a leading historian of eugenics, argued that illegitimacy produced feeble-mindedness, but that feeble-mindedness also produced illegitimacy.<sup>19</sup> Promiscuity, illegitimate children, and feeble-mindedness all

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<sup>14</sup> May T. Elam to William S. Hall, March 16, 1955, Sterilization File, South Carolina State Department of Archives and History.

<sup>15</sup> May T. Elam to William S. Hall.

<sup>16</sup> “Affidavit Giving Facts Concerning Personal and Family History of X of X County,” 1953, Sterilization File, South Carolina State Department of Archives and History.

<sup>17</sup> “Affidavit Giving Facts Concerning Personal and Family History of X of X County,” 1953, Sterilization File, South Carolina State Department of Archives and History.

<sup>18</sup> “Costly Economy,” *The Clinton Chronicle*, February 26, 1925.

<sup>19</sup> Paul A. Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell*, (Baltimore: Johns Hopkins University Press, 2008): 137.

were interconnected in the view of misogynistic eugenicists that reproduction was privilege that the state could take away.

Feeble-mindedness correlated with class, according to eugenicists. Steven Noll argues that early intelligence tests that defined feeble-mindedness reflected middle-class values and patterns of behavior. As a result, lower classes and minority groups were more often classified as feeble-minded.<sup>20</sup> Deviance from middle-class customs revealed feeble-mindedness in the eyes of social reformers, who attributed social problems “on those classes least able to conform to mainstream values and expectations.”<sup>21</sup> Dependency on the state for welfare clearly did not meet middle-class standards. If a woman was unable to meet these class-based standards of motherhood, Allison C. Carey, sociologist of health and disability, argued she was “deemed unworthy of childbearing and expected to sacrifice the ‘privilege’ of procreation for the good of the nation.”<sup>22</sup> Reproduction, a natural right, was taken away when the state decided it was financially or morally necessary.

Compulsory sterilization of the feeble-minded, individuals scientifically classified as having low intelligence, gained prominence in the United States in the early twentieth century.<sup>23</sup> Lombardo has argued that eugenics’ popularity swept across the nation quickly

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<sup>20</sup> Steven Noll, *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900-1940*, (Chapel Hill: University of North Carolina Press, 1995): 2.

<sup>21</sup> Noll, *Feeble-Minded in Our Midst*, 5.

<sup>22</sup> Allison C. Carey, “Gender and Compulsory Sterilization Programs in America: 1907-1950,” *Journal of Historical Sociology* 11, no. 1 (1998): 75.

<sup>23</sup> For further reading on the importance of disability studies for medical historians: Susan Burch and Lindsey Patterson, “Not Just Any Body: Disability, Gender, and History,” *Journal of Women's History* 25, no. 4 (2013): 122-137; Allison C. Carey, “Beyond the Medical Model: A Reconsideration of 'Feeble-mindedness', Citizenship, and Eugenic Restrictions,” *Disability & Society* 18, no. 4 (2010): 411-430; Tina Goethals, Elisabeth

because it appealed to “anyone who lived with fears of a country in decline, facing a death spiral of impending degeneration.”<sup>24</sup> Eugenicists often employed economic arguments in their advocacy for sterilization, quickly demonstrating how they valued societal welfare more than individual rights.<sup>25</sup> Advocacy for sterilization did not emerge from a concern for the feeble-minded; it was the consequence of personal concerns of increased taxes as the result of welfare. Lombardo describes this financial concern of eugenicists as an “anxiety about those who failed in the contest of life,” who had to depend on charity and welfare thus inflating taxes for the rest of society.<sup>26</sup> G. Croft Williams, head of the University of South Carolina’s Sociology Department, identified the feeble-minded as a menace to society in 1931. He claimed that feeble-minded individuals would have been “exterminated by the ruthless competition of life,” but instead were protected by society and allowed to reproduce.<sup>27</sup> As a result, these individuals would pass their feeble-mindedness along to their children, who would then become a lifelong drain on the state’s finances. Sterilization was regarded as a solution to halt the reproduction of promiscuous, feeble-minded individuals, who would otherwise continue to depend on the state financially.

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De Schauwer and Geert Van Hove, “Weaving Intersectionality into Disability Studies Research: Inclusion, Reflexivity and Anti-Essentialism,” *DiGeSt. Journal of Diversity and Gender Studies* 2, no. 1-2 (2015): 74-94; and Beth Linker, “On the Borderland of Medical and Disability History: A Survey of the Fields,” *Bulletin of the History of Medicine* 87, no. 4 (2013): 499-535.

<sup>24</sup> Lombardo, *Three Generations, No Imbeciles*, xiii.

<sup>25</sup> Lombardo, *Three Generations, No Imbeciles*, 153.

<sup>26</sup> Lombardo, *Three Generations, No Imbeciles* 8.

<sup>27</sup> G. Croft Williams to W.M. Manning, December 18, 1931, Sterilization File, South Carolina State Department of Archives and History.



Through sterilization, the government gained control over who should be allowed to reproduce, however, reproduction has been historically deemed part of woman's domain in society. Traditionally, women were expected to raise their children in the private sphere of the home. Women were sterilized at a rate of 11:1 over men in South Carolina, indicating that their sexuality was seen as a threat.<sup>28</sup> Kluchin argues that women were targeted by eugenicists because they physically birthed children and, therefore, were more accountable than men for 'defectives' in society.<sup>29</sup> Additionally, Carey contends that women were perceived to carry and reproduce traits of poverty, race, and disability, and as a result were "blamed for the reproduction of the unfit and the deterioration of the citizenry."<sup>30</sup> Hastings Hart, director of the Russell Sage Foundation's Children Helping Division expressed that a feeble-minded girl was much more dangerous than a feeble-minded boy because she could not protect herself and was also "not affected by the moral restraints or regard for consequences that restrain normal women."<sup>31</sup> Feeble-mindedness, therefore, became associated with femininity and promiscuity. This further worried society, Alexander Johnson, director of the Committee for the Provision of the Feeble-minded, believed that feeble-minded women "constitute[d] a graver danger to the prosperity of the state than a foreign war or a native pestilence."<sup>32</sup> Although both men and women were sterilized by state governments in the early 1900s, sterilization of

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<sup>28</sup> Paul, "Three Generations of Imbeciles are Enough," 467. In South Carolina 255 women were sterilized, compared to 22 men from 1935-1963, which is a rate of 11:1.

<sup>29</sup> Kluchin, *Fit to Be Tied*, 17.

<sup>30</sup> Carey, "Gender and Compulsory Sterilization," 81.

<sup>31</sup> Noll, *Feeble-Minded in Our Midst*, 40.

<sup>32</sup> Carey, "Gender and Compulsory Sterilization Programs," 82.

women was seen as the more effective solution to slow the reproduction of feeble-minded individuals.

Eugenicists praised the surgical procedure of sterilization because it did not castrate or mutilate the patient in any way: it supposedly prevented reproduction and parenthood without damaging the patient's health.<sup>33</sup> Men who were sterilized underwent a vasectomy. It is a simple operation where the patient is placed under a local anesthetic for only fifteen to twenty minutes, and the vas deferens tubes are cut, thus blocking the sperm from passing through to the semen.<sup>34</sup> In comparison, women endured a salpingectomy, where their fallopian tubes were "severed [with] the loose ends securely tied and anchored in opposite directions in the pelvic cavity."<sup>35</sup> Unlike the quick recovery after a vasectomy, healing after a salpingectomy involved a week or two in bed post-operation.<sup>36</sup> The salpingectomy was also irreversible. Once the decision was made for the patient, she was never able to give birth again. Overall, the procedure to sterilize women was much more problematic than for men. Vasectomies were simple procedures: they were localized, with little discomfort and few post-operative complications. Although the salpingectomy was an improvement over previous mutilating procedures, it was still much more dangerous than the vasectomy involving an abdominal incision which exposed internal organs, increasing the potential for post-operative problems.<sup>37</sup>

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<sup>33</sup> Human Betterment Foundation, "Human Sterilization Today."

<sup>34</sup> Human Betterment Foundation, "Human Sterilization Today."

<sup>35</sup> "An Order to Authorize Sexual Sterilization," Sterilization File, South Carolina State Department of Archives and History.

<sup>36</sup> Human Betterment Foundation, "Human Sterilization Today."

<sup>37</sup> Lombardo, *Three Generations, No Imbeciles*, 26. Previous procedures were much more serious for women: the oophorectomy removed the ovaries and the hysterectomy removed the uterus.

Sterilization was misogynous: women had to survive a much more dangerous procedure than men, yet their rates of sterilization were much higher.

## CHAPTER TWO

### SOUTH CAROLINA'S MENTAL INSTITUTIONS

In the nineteenth century, financial problems plagued the state of South Carolina. After the War of 1812, which produced economic distress for the planter class, however, the political climate in the state became much more amicable to public spending. This revitalized economic climate led to a series of resolutions calling for the creation of an asylum in Columbia. But by 1819, the bill to establish the asylum was rejected by the house of representatives because of the emerging financial panic which had produced deflation, decreased cotton prices, and a state treasury deficit.<sup>38</sup> In 1821, the act passed and authorized the asylum's construction which would be designed by the state engineer, Robert Mills.<sup>39</sup> Financial problems did not end in 1821, and construction struggled to maintain funding between 1822 and 1827. The legislature was repeatedly petitioned to spend further money on the slow and delayed construction, but eventually the South Carolina Lunatic Asylum (later known as the South Carolina State Hospital) opened in the spring of 1828.<sup>40</sup> Despite these delays throughout the years, the South Carolina Asylum was one of the first state asylums in the country.

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<sup>38</sup> Peter McCandless, *Moonlight, Magnolias & Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era*, (Chapel Hill: University of North Carolina Press, 1996): 45.

<sup>39</sup> McCandless, *Moonlight, Magnolias & Madness*, 50.

<sup>40</sup> McCandless, *Moonlight, Magnolias & Madness*, 63.

Almost a century later, South Carolina proposed to establish a second mental institution, a State Training School for the Feeble-minded. In 1918, Governor Richard Irvine Manning III signed the bill to establish the State Training School in Clinton. The School was placed under the State Hospital's Board of Regents' jurisdiction.<sup>41</sup> B.O. Whitten was quickly hired as the superintendent, as well as to supervise the building of the site.<sup>42</sup> On September 14, 1920, the State Training School opened to patients. The first dormitory was occupied only by boys, but by December a second dormitory for girls was prepared.<sup>43</sup> B.O. Whitten addressed the South Carolina Conference of Social Work that year, stating that "we have been late beginning the task that is thoroughly obligatory upon the people of South Carolina to perform."<sup>44</sup>

Progressive reformers saw a high correlation between feeble-mindedness and urbanization.<sup>45</sup> Urban settings were associated with complexities that made it more difficult to achieve middle-class values. This was a national trend; a social worker in Cleveland, Ohio asserted that "conditions of life in our great cities being so complex, competition so keen, and temptations so numerous, we should not be surprised if our many feeble-minded are overwhelmed."<sup>46</sup> Nationwide, schools for the feeble-minded were opened in pastoral settings. South Carolina followed this trend by opening the State

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<sup>41</sup> Whitten, *A History of Whitten Village*, 19.

<sup>42</sup> Jean Hook Haddock, "'A Matter of Moral and Social Duty:' Benjamin O. Whitten's Tenure as Superintendent of an Institution for Persons with Mental Retardation in South Carolina, 1918-1965," PhD dissertation, (University of South Carolina, 1999): 29.

<sup>43</sup> Whitten, *A History of Whitten Village*, 35.

<sup>44</sup> Benjamin O. Whitten, "Contemplated Provision for the Feeble-Minded in South Carolina," *Journal of the South Carolina Medical Association* 16 (1920): 70. After the South Carolina Conference of Social Work, he published his speech here.

<sup>45</sup> Noll, *Feeble-Minded in Our Midst*, 38.

<sup>46</sup> Noll, *Feeble-Minded in Our Midst*, 38.

Training School for the Feeble-minded in the rural town of Clinton. The State Hospital of South Carolina, however, when choosing its location a century earlier, chose Columbia because it was a central city and citizens across the state could easily access it. This led to many struggles, however, because the location within the city was too close to business and residential areas. This led to distracting city noise and gawking and taunting by city residents.<sup>47</sup> Patients were deprived of the open space, privacy, and peaceful surroundings that progressive reformers believed that patients needed.

Although originally created as a white institution, by the 1880s the South Carolina Lunatic Asylum fully accepted “mental defectives” that were both white and African American. Black patients in the asylum grew from five in 1865 to over four hundred in 1901.<sup>48</sup> Anyone would be accepted by the asylum, no matter their race, curability, or ability to pay for their spot.<sup>49</sup> This does not mean they were treated equally within the institution. Black patients lived in wooden buildings with inadequate sanitation and facilities, as well as a clear fire risk. In 1885, a new asylum was constructed for white patients, which allowed the Black women to be transferred to the old asylum, but the Black men lived in the wooden houses until 1898.<sup>50</sup> This eventual transfer only happened because asylum advocates failed to get Governor Coleman Bleuse, and the legislature, to create a separate asylum for African Americans, and the state eventually had to provide permanent accommodation at the original location.<sup>51</sup>

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<sup>47</sup> McCandless, *Moonlight, Magnolias & Madness*, 126.

<sup>48</sup> McCandless, *Moonlight, Magnolias & Madness*, 252.

<sup>49</sup> McCandless, *Moonlight, Magnolias & Madness*, 249.

<sup>50</sup> McCandless, *Moonlight, Magnolias & Madness*, 259.

<sup>51</sup> McCandless, *Moonlight, Magnolias & Madness*, 260.

The State Training School for the Feeble-minded was a racially exclusive institution. This was typical of the Deep South, where there was a lack of state-run mental institutions dedicated to African Americans.<sup>52</sup> As a result, “mentally defective” African Americans were seemingly protected from psychiatrists who were seeking to sterilize their feeble-minded patients. In fact, the majority of sterilizations that occurred in South Carolina from its legalization in 1935 until the end of World War II were performed at the State Training School, and thus only performed on white patients.<sup>53</sup> Eugenists in the Deep South were more concerned about the idea of purifying the white race than any other race. Feeble-mindedness signified “tainted whiteness” that was influenced by ideas of poverty and a lack of morals. An individual with tainted whiteness would not meet the social and financial standards created by the pure, white elite.<sup>54</sup> Consequently, the first few decades of legal sterilization in South Carolina focused on purifying the white race of feeble-mindedness and its associated qualities of promiscuity and poverty. White southerners already feeling superior to their Black neighbors did not feel any urgent concern to cleanse the African American race in the same way that they believed their own race needed to be purified.<sup>55</sup>

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<sup>52</sup> Larson, *Sex, Race, and Science*, 153.

<sup>53</sup> This racial differentiation in the sterilization of patients continued until 1945. At this time, C.F. Williams retired from the State Hospital (which was not a segregated institution). When Williams (and his opposition to sterilization) left the State Hospital, a second wave of sterilization. It is in this period where African Americans became the new majority of individuals sterilized. Larson states that between 1949 and 1960, 102 out of 104 sterilizations in South Carolina were performed on African Americans. Larson, *Sex, Race, and Science*, 154-155.

<sup>54</sup> Anna Stubblefield, “‘Beyond the Pale’: Tainted Whiteness, Cognitive Disability, and Eugenic Sterilization,” *Hypatia* 22, no. 2 (2007): 162.

<sup>55</sup> Larson, *Sex, Race, and Science*, 154.

## CHAPTER THREE

### THE DICHOTOMY OF SOUTH CAROLINA'S WHITTEN AND WILLIAMS

Dr. Benjamin Otis Whitten, the leading advocate of sterilization in South Carolina, quickly established himself in the medical field. Soon after graduating with honors from Emory University with his medical degree in 1913, Whitten began working as the assistant supervisor of the South Carolina State Hospital in Columbia in 1916 and at the State Training School for the Feebleminded in Clinton in 1918.<sup>56</sup> He was a prominent figure in South Carolina's psychiatry community and was well known in the state for his "fatherly concern" for children needing assistance.<sup>57</sup> Dr. Charles Frederick Williams acted as the leading opponent of sterilization in the state's medical community. He held many positions in the medical field, working as an assistant surgeon for the United States Army, a city physician in Columbia, and even served as South Carolina's first State Health Officer.<sup>58</sup> Williams was appointed by Governor Manning III in 1915 as the superintendent of the South Carolina State Hospital, as he was "sympathetic to progressive currents in the mental health field and fully in accord with Manning's plans for the state hospital."<sup>59</sup> These plans were to address the overcrowded, understaffed, and

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<sup>56</sup> "Dr. B.O. Whitten, Founder of Whitten Village, Dies," *The Clinton Chronicle*, November 12, 1970.

<sup>57</sup> "Dr. B.O. Whitten, Founder of Whitten Village, Dies," *The Clinton Chronicle*, November 12, 1970.

<sup>58</sup> "Biographical Note," Charles Frederick Williams Papers Finding Aid, Waring Historical Library, Medical University of South Carolina.

<sup>59</sup> McCandless, *Moonlight, Magnolias & Madness*, 315.



unsanitary conditions at the institution.<sup>60</sup> He served as superintendent from 1915 to until his retirement in 1945. During Whitten's tenure as the assistant supervisor at the State Hospital, Williams worked as his superior. When Whitten moved to the State Training School, Williams and Whitten were peers, both working in the psychiatry field and serving as a superintendent of the state's two mental institutions.<sup>61</sup> Haddock argued that Whitten and William's "public disagreement [over sterilization] very likely slowed the eugenics movement in the region."<sup>62</sup> The two men serve as a demonstration of the dichotomy between supporters and opponents of sterilization in South Carolina.

Financial concerns plagued the State Training School from its inception. This was typical of institutions in southern states in this period because, according to Haddock, they lacked the northern states' tax dollars to keep up with the necessary funding for institutions.<sup>63</sup> Although southern mental hospitals, like Whitten's State Training School for the Feeble-minded, were inspired by northern ones and their "avant-garde ideas of moral treatment and therapeutic optimism," southern institutions did not have the same funding to attempt these goals.<sup>64</sup> Despite these monetary barriers, Whitten became nationally known for "his quiet, persuasive ability to win legislative authorization" for

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<sup>60</sup> McCandless, *Moonlight, Magnolias & Madness*, 315.

<sup>61</sup> The bill that established the State Training School for the Feeble-minded specifically stated that the Superintendent could not be an employee of the State Hospital, keeping the two institutions distinct. Benjamin Otis Whitten, *A History of Whitten Village*, (Clinton, S.C: Jacobs Press, 1967): 19.

<sup>62</sup> Haddock, "A Matter of Moral and Social Duty," 19.

<sup>63</sup> Haddock, "A Matter of Moral and Social Duty," 23.

<sup>64</sup> Peter McCandless, *Moonlight, Magnolias & Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era*, (Chapel Hill: University of North Carolina Press, 1996): 5.

continued funding of the State Training School.<sup>65</sup> He was praised by his colleagues across the country for his ability to establish a successful school with limited financing and support. Charles Little, superintendent of Letchworth Village, wrote to Whitten in 1929 that “the only person that is worthwhile is one who can do things without tools to work with, and you have proven it in South Carolina.”<sup>66</sup>

Whitten was determined to promote the well-being of his patients no matter how awful his advocacy for their well-being was. His support of sterilization derived from a patriarchal point of view, as well as his overall concern for the feeble-minded. Paternalism was typical for physicians of this period. The intentions of physicians, like Whitten, were typically benevolent as they genuinely believed sterilization improved quality of life. Kluchin describes their paternalism as an outdated form of conduct, “which granted doctors that authority to make life-and-death decisions on behalf of their patients.”<sup>67</sup> Other advocates of sterilization across South Carolina shared this authoritative and patriarchal perspective. A. Bethune Patterson contended in the *Journal of the South Carolina Medical Society* that “the feeble-minded girl, unprotected, becomes the transmission center” and the state needed to protect her from men who would take advantage.<sup>68</sup> Many medical professionals truly believed that sterilization protected women from preying men, as well as from themselves.

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<sup>65</sup> “Dr. B.O. Whitten, Founder of Whitten Village, Dies,” *The Clinton Chronicle*, November 12, 1970.

<sup>66</sup> Charles S. Little to B. O. Whitten, May 20, 1929, in Whitten, *A History of Whitten Village*, 169. Letchworth Village was a School for the Feeble-minded located in Rockland County, New York.

<sup>67</sup> Kluchin, *Fit to Be Tied*, 111.

<sup>68</sup> A. Bethune Patterson, “The State’s Duty to the Feeble-Minded,” *Journal of the South Carolina Medical Association* 12 (1916): 376.

Whitten began campaigning the state of South Carolina for sterilization from the very beginning of his appointment as superintendent of the State Training School. His opinions and support for sterilization were published in the *Journal of the South Carolina Medical Association* and the *Journal of Psycho-Asthenics*.<sup>69</sup> In these articles, his justifications for sterilization came from descriptions of individual case histories and analysis of family relationships observed at State Training School.<sup>70</sup> Part of his rationale was the connection he found between feeble-minded patients at the school and their parents because sixty percent of his patients had feeble-minded parents as well.<sup>71</sup> His many articles about sterilization became a purposeful propaganda campaign. Whitten clearly believed that sterilization would have no opposition if the public fully understood the methods and intentions of sterilization. He believed that even the feeble-minded supported the sterilization bill he campaigned for, having found among them “no antagonistic feelings towards it.”<sup>72</sup>

As the leading advocate of sterilization in South Carolina, Whitten approached the subject conservatively, stating once that he was “not yet an advocate of sterilization at random or even to an extensive degree.”<sup>73</sup> However, Whitten’s support for sterilization of feeble-minded patients of his institution was passionate and stubborn. He believed he was protecting his patients by sterilizing them and that “nothing but God and perhaps a

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<sup>69</sup> The *Journal of Psycho-Asthenics* was published by the American Association for the Study of the Feeble-minded.

<sup>70</sup> Haddock, “A Matter of Moral and Social Duty,” 85.

<sup>71</sup> Benjamin O. Whitten, “Sterilization versus Propagation,” *Journal of the South Carolina Medical Association* 18 (1922): 167.

<sup>72</sup> Whitten, “Selective Sterilization,” 257.

<sup>73</sup> B.O. Whitten to C.F. Williams, July 12, 1937, Sterilization File, South Carolina State Department of Archives and History.

cyclone can change [his] views.”<sup>74</sup> In his arguments for sterilization, Whitten asked whether South Carolina was even that desperate for more citizens.<sup>75</sup> He saw the propagation of feeble-minded people as detrimental to the state. Even more brutally, he stated that when he saw poor, feeble-minded women come into his training school with a baby, he wished the baby had never been born.<sup>76</sup> These sentiments were also published for a wide audience in the *Journal of the South Carolina Medical Association*. Still, the public’s perception of him was positive: in 1949, the *Clinton Chronicle* described Whitten as modest and unassuming, devoting his life to service to the Training School.<sup>77</sup>

Through his experience as the superintendent of the State Training School for the Feeble-minded and as advocate for sterilization, Whitten became a national pioneer in sterilization activism. As an authority in the field, Whitten served as an advisor for other professionals and institutions.<sup>78</sup> His work in South Carolina was an inspiration to other states. In 1931, the Utah State Training School offered him the position of superintendent for a higher salary than he made in South Carolina.<sup>79</sup> He declined, stating he had already dedicated himself to this task in his home state. His compromise was that he would stay as a consultant for a year, commuting between the states, in order to assist the Board of Trustees in selecting the superintendent.<sup>80</sup> His opinion was highly regarded by his peers. Although other physicians repeatedly asked Williams questions about sterilization,

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<sup>74</sup> B.O. Whitten to C.F. Williams, July 12, 1937.

<sup>75</sup> Whitten, “Selective Sterilization,” 258.

<sup>76</sup> Whitten, “Selective Sterilization,” 259.

<sup>77</sup> “Clinton: Business, Professional Folks You Know,” *The Clinton Chronicle*, September 8, 1949.

<sup>78</sup> “PC to Award Honorary Degree to Dr. B. O. Whitten,” *The Clinton Chronicle*, November 18, 1965.

<sup>79</sup> Whitten, *A History of Whitten Village*, 85.

<sup>80</sup> Whitten, *A History of Whitten Village*, 86.

Williams would simply direct these queries to Whitten, who was much more passionate about the subject.<sup>81</sup> As a result of his reputation in the state for his encouragement for sterilization, Whitten was the leader for advocating for the sterilization bill passed in 1935.

In direct comparison to Whitten, Williams did not advocate for sterilization of his patients. Instead, advocates of sterilization often frustrated Williams. He fundamentally disagreed with supporters' fiscal argument, which claimed that if all the patients in the hospital and criminals in the penitentiary were sterilized, it would free taxpayers from a hefty burden.<sup>82</sup> Williams described this economic assumption as a great mistake.<sup>83</sup> In addition to disputing the financial benefits of sterilization, he also disagreed with the view that feeble-mindedness was hereditary. In letters to other physicians, Williams referenced a study done by the British which concluded "that many cases of mental disorder and mental deficiency were found not to have any hereditary antecedents," so he would not strongly support any sterilization programs.<sup>84</sup>

As the superintendent of the State Hospital for thirty years, Williams held a position of prestige within the mental health and physician community in South Carolina. He often received correspondence from other physicians and academics asking for his opinion on sterilization. In 1934, one of Williams' previous colleagues at the Medical

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<sup>81</sup> C.F. Williams to Charles Lemmon, January 24, 1935, Sterilization File, South Carolina State Department of Archives and History.

<sup>82</sup> C.F. Williams to E.A. Hines, May 9, 1938, Sterilization File, South Carolina State Department of Archives and History.

<sup>83</sup> C.F. Williams to E.A. Hines, May 9, 1938.

<sup>84</sup> C.F. Williams to E.A. Hines, May 9, 1938. Through reading this letter, the occupations of the British who conducted is unknown, whether they were scholars or medical professionals.

College was planning a program to sterilize psychiatric patients and wrote asking him how to navigate and overcome the public's ignorance on sterilization.<sup>85</sup> Williams replied that, "I am afraid I can be of little assistance to you for I doubt seriously if sterilization has a place in the field of psychiatry except in a very few selected cases."<sup>86</sup> Williams often stated that sterilization was not "by any means a panacea for all our social ills" or for mental disorders and delinquency.<sup>87</sup> However, it should be noted that he was not entirely opposed to sterilization: "well-regulated selective sterilization would be of considerable value" to some people.<sup>88</sup>

As a physician in the mental health field, Williams' reluctance to accept eugenics in the State Hospital was unusual. Larson contends that Williams was "the only top mental health official from the region to take a public stance against eugenics."<sup>89</sup> Williams quietly rejected sterilization when he was asked to provide his opinion, stating that he opposed the procedures due to a lack of scientific evidence regarding the heredity of mental illness.<sup>90</sup> The State Hospital had few sterilizations while he was superintendent, with none happening in 1942 and 1943.<sup>91</sup> Williams' confidence that feeble-mindedness

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<sup>85</sup> F.N. Andrews to C.F. Williams, Sterilization File, South Carolina State Department of Archives and History.

<sup>86</sup> C.F. Williams to F.N. Andrews, June 15, 1934, Sterilization File, South Carolina State Department of Archives and History.

<sup>87</sup> C.F. Williams to Albert H. Hoge, June 18, 1934, Sterilization File, South Carolina State Department of Archives and History. Other examples of Williams referring to sterilization as not a 'panacea': C.F. Williams to Robert E. Seibels, September 11, 1944, and C.F. Williams to Charles Lemmon, January 24, 1935.

<sup>88</sup> C.F. Williams to Charles Lemmon, January 24, 1935, Sterilization File, South Carolina State Department of Archives and History.

<sup>89</sup> Larson, *Sex, Race, and Science*, 46.

<sup>90</sup> Larson, *Sex, Race, and Science*, 46.

<sup>91</sup> In the ten years of Williams' tenure as superintendent while sterilization was legal, I can confirm from this letter that 1943 and 1944 had no sterilizations. Additionally, 1935-37 also had no sterilizations in the State Hospital (because the first procedure happened at

was remediable, however, was more related to his strong faith than it was related to medical ideas of treatment and rehabilitation.<sup>92</sup> His successor, Coyt Ham, described Williams' religious beliefs as his "child-like faith in his supreme master."<sup>93</sup>

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the Training School under Whitten in 1937). C.F. Williams to Robert E. Seibels, September 11, 1944, Sterilization File, South Carolina State Department of Archives and History.

<sup>92</sup> Larson, *Sex, Race, and Science*, 46. Larson also notes that Williams acted to erect a "Chapel of Hope" at the State Hospital and began a clinical pastoral training program with a local seminary.

<sup>93</sup> Larson, *Sex, Race, and Science*, 46.

## CHAPTER FOUR

### THE POLITICAL PROCESS TO LEGALIZE STERILIZATION

The elections of Governors Tillman, Blease, and Johnston over half a century demonstrate how the South Carolina working class focused on class-based, anti-elitist policies when electing a leader. Benjamin Tillman, an agrarian leader of the Democratic Party, was elected as Governor in 1890. White farmers contributed to his success, relating to his appearance, mannerisms, and prejudices.<sup>94</sup> Two decades later, Colton Livingston Blease arose in state politics as the “new Tillman,” winning the 1910 gubernational race.<sup>95</sup> Mill workers felt like Blease allowed them to become a vital political force in the state.<sup>96</sup> Bryant Simon explores the impact of mill workers on state politics. He contends that this group recognized themselves, not just as country people or city people or “farmers who had temporarily lost their ways,” but as a separate section of the southern working class.<sup>97</sup> Olin D. Johnston also utilized his appeal to the mill workers as a strategic political endeavor. He had worked in a cotton mill in his youth and was proud of his humble origins that eventually led him to win the 1936 gubernatorial race. He had

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<sup>94</sup> Francis Butler Simkins, *Pitchfork Ben Tillman, South Carolinian*, (Baton Rouge: Louisiana State University Press, 1944): 131-32.

<sup>95</sup> Ernest M. Lander, *A History of South Carolina, 1865-1960*, (Chapel Hill: University of North Carolina Press, 1960): 49.

<sup>96</sup> Lander, *A History of South Carolina, 1865-1960*, 50.

<sup>97</sup> Bryant Simon, *A Fabric of Defeat: the Politics of South Carolina Millhands, 1910-1948*, (Chapel Hill: The University of North Carolina Press, 1998): 3.



once stated that “my election as Governor did not meet with the approval of the blue-bloods and aristocrats of this state, to whom I am obnoxious simply because I had come from poor but humble parentage.”<sup>98</sup>

Politics of the early twentieth century were shaped by class relations rather than race. Working class mill workers were heavily impacted by the 1930s Great Depression, and subsequent economic collapse. As a result, mill workers of South Carolina were captivated by President Franklin D. Roosevelt’s New Deal. The federal policies of the New Deal, focusing on relief for the unemployed and farmers, were compelling to South Carolina’s mill workers because they finally saw that President Roosevelt, as well as the “machinery of the national government were squarely behind them in their struggle for better conditions.”<sup>99</sup> In regard to South Carolina politics, Kari Frederickson argued that these federal programs “opened the door for liberal candidates who eschewed traditional appeals to racism for platforms focused on economic issues.”<sup>100</sup> This led to the election of Governor Johnston in 1936 and his defeat of Blease’s anti-statism politics. Simon argues that usually race is identified as a main component of working-class politics, but Johnston focused on “class issues, while trying to keep the volatile language of white supremacy in the background.”<sup>101</sup>

Eugenics policies, like forced sterilization, emerged out of the progressive reform that swept the country. Thomas C. Leonard contends that progressives were “a vanguard of selfless scholars and activists leading the People” towards the common good, fighting

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<sup>98</sup> Lander, *A History of South Carolina, 1865-1960*, 71.

<sup>99</sup> Simon, *A Fabric of Defeat*, 88.

<sup>100</sup> Frederickson, *Dixiecrat Revolt and the End of the Solid South*, 13.

<sup>101</sup> Simon, *A Fabric of Defeat*, 138.

against the values that liberal individualism and industrial capitalism had brought to the country.<sup>102</sup> Progressive reformers were not focused on their own individual struggles, but on the more general “moral and intellectual discontent with the suffering (and enrichment) of others.”<sup>103</sup> In South Carolina, Richard Manning III was elected as the Governor in 1914 under a progressive ticket. Manning believed it was the government’s role to ensure the economic welfare of its citizens, especially the criminal and the handicapped.<sup>104</sup> Citizens of the state were beginning to feel as if South Carolina was falling behind the rest of the nation, so Manning was able to pass many reform policies.<sup>105</sup> One of the first policies, and most relevant for the analysis of eugenics in the state, was a complete reorganization of the State Hospital under the direction of Dr. Williams.<sup>106</sup> Additionally, Manning signed the bill that established the State Training School for the Feebleminded for South Carolina. Both the State Hospital and the State Training School were key locations for the forced sterilization of citizens that was fought for by progressive reformers.

Whitten began his official, legislative campaign for a state sterilization bill in 1931. As South Carolina’s primary advocate, Whitten drafted the bill for sterilization himself. Despite Whitten’s passion for the cause, he struggled to gain the support of legislators and did not find a sponsor during the 1931 or 1932 sessions.<sup>107</sup> Whitten described politicians in South Carolina as “somewhat timid” because they wanted to wait

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<sup>102</sup> Thomas C. Leonard, *Illiberal Reformers: Race, Eugenics, & American Economics in the Progressive Era*, (Princeton: Princeton University Press, 2016): 7-9.

<sup>103</sup> Leonard, *Illiberal Reformers*, 7.

<sup>104</sup> Lander, *A History of South Carolina, 1865-1960*, 53.

<sup>105</sup> McCandless, *Moonlight, Magnolias & Madness*, 314.

<sup>106</sup> Lander, *A History of South Carolina, 1865-1960*, 54.

<sup>107</sup> Larson, *Sex, Race, and Science*, 126.

until they knew the medical profession's opinion before debating and ruling on a sterilization bill.<sup>108</sup> Finally, Whitten secured sponsorship for the bill from Senator Shepard K. Nash, a New Deal progressive and lawyer from Sumter County, and began a more intensive campaign for sterilization.<sup>109</sup>

In the 1933 session, Senator Nash sponsored Whitten's bill that would sterilize South Carolina's feeble-minded residents.<sup>110</sup> Although the sterilization bill passed all three readings in the Senate, unexpected opposition occurred in the House of Representatives.<sup>111</sup> This came as a surprise to even Williams (who assisted Whitten in this legislative process as a result of his position as the State Hospital's superintendent), who did not anticipate any struggle passing the bill in the house.<sup>112</sup> Representative Gaston attempted to give the privilege of the floor to Whitten and Williams, but the motion was quickly withdrawn because of opposition.<sup>113</sup> Although Whitten did not speak to the House about the bill, the Representatives discussed him in their debate, with one legislator suggesting that if the bill were to pass, Whitten should be the first to be sterilized.<sup>114</sup> The most apt criticism on sterilization came from Representative C. Lester

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<sup>108</sup> Whitten, "Selective Sterilization," 258.

<sup>109</sup> Larson, *Sex, Race, and Science*, 126; "Many Vocations in Legislature," *McCormick Messenger*, February 6, 1930.

<sup>110</sup> *South Carolina Journal of the House*, April 11, 1933, 1374.

<sup>111</sup> In this section, Representatives and Senators are given full name, location, and party identification if possible. Many of their statements were quoted in newspapers with just their last name, leaving a lack of context in newspaper archival research.

<sup>112</sup> C.F. Williams to Albert H. Hoge, June 18, 1934, Sterilization File, South Carolina State Department of Archives and History. As noted previously, Williams was not entirely opposed to sterilization and was willing to advocate for it, in necessary cases.

<sup>113</sup> *South Carolina Journal of the House*, April 11, 1933, 1375. Representatives Bradford, Graham, Lee, Gasque, and Mooror spoke against the motion, so Representative Gaston withdrew it.

<sup>114</sup> Larson, *Sex, Race, and Science*, 127.

Thomas, of Hampton County, who quipped: “If we follow the press of South Carolina, which holds us up as fools, all members of this general assembly would be sterilized; if we pass this bill, that would be about right.”<sup>115</sup>

On the advice of various physicians, the majority of legislators were fundamentally opposed to the sterilization bill that Senator Nash and Whitten proposed. Representatives A.W. Connor and C.B. Epps, both physicians, vocally opposed the bill. Connor was quoted in *The State* as claiming the subject was much too large for the legislature to deal with and Epps agreed that the bill went too far.<sup>116</sup> Both Connor and Epps saw this proposed bill as overwhelming governmental interference in medical affairs. Representative John Graham, after discussing the matter with three separate physicians, declared that he was advised to oppose the bill because “people go to these hospitals in the hope of being cured and turned out as whole men and women,” not to lose their rights to reproduce.<sup>117</sup> Physicians and legislators alike believed the sterilization of mental defectives and the insane was morally wrong.

Physician opposition was not the only reason that the House of Representatives defeated the bill in 1933. Representative William R. Bradford, a small-town newspaper editor, led the opposition in the house “marshalling his arguments in [a] folksy manner.”<sup>118</sup> Bradford’s mannerisms clearly appealed to the working-class citizens of South Carolina and their anti-elitism ideologies. As a newspaper editor, his objections to

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<sup>115</sup> “House Opposed to Sterilization,” *The State*, April 12, 1933; “General Assembly is Well Shuffled,” *McCormick Messenger*, September 5, 1930.

<sup>116</sup> “House Opposed to Sterilization,” *The State*, April 12, 1933.

<sup>117</sup> “House Opposed to Sterilization,” *The State*, April 12, 1933.

<sup>118</sup> Larson, *Sex, Race, and Science*, 127.

sterilization were also published in editorials in the *Fort Mill Times*. He doubted eugenicists' assessment that feeble-mindedness was inherited from previous generations, stating that "the average pupil is just about average, no matter what happened to his folks beforehand."<sup>119</sup> Bradford also disputed the fatalistic view of feeble-mindedness that sterilization advocates held, as he believed that "most of us are a little off at times."<sup>120</sup> House of Representatives members also saw the sterilization bill as a threat to women's health, and objected to sterilizing people in institutions because people outside institutions could also reproduce feeble-minded children. There was also an overall opposition to birth control in general in the state of South Carolina.<sup>121</sup> A long debate in the House of Representatives culminated with the House voting against Senator Nash's proposed bill by a vote of 66 to 27.<sup>122</sup>

The 1933 failure was repeated in 1934, when the Senate approved the bill without discussion, but the House quickly vetoed it. In 1935, however, fundamental qualities of the legislature changed that impacted results. Opponents to sterilization, like Bradford, had not sought re-election and several physicians who supported sterilization were elected.<sup>123</sup> The bill was proposed, not by Senator Nash but by Representative R. G. Blackburn, a former employee of the South Carolina State Hospital.<sup>124</sup> The House

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<sup>119</sup> William R. Bradford, "Editorials," *Fort Mill Times*, May 2, 1933, in *Sex, Race, and Science*, Edward J. Larson, (Baltimore: Johns Hopkins University Press, 1995): 127.

<sup>120</sup> William R. Bradford, "Editorials," *Fort Mill Times*, February 28, 1933, in *Sex, Race, and Science*, Edward J. Larson, (Baltimore: Johns Hopkins University Press, 1995): 127.

<sup>121</sup> "House Opposed to Sterilization," *The State*, April 12, 1933.

<sup>122</sup> "House Opposed to Sterilization," *The State*, April 12, 1933.

<sup>123</sup> Larson, *Sex, Race, and Science*, 127.

<sup>124</sup> As a result of Representative Blackburn proposing the bill in 1935, the bill needed to be passed by the House before it could be passed by the Senate. If a Senator proposes a bill, the Senate must approve first, as shown in 1933 when Senator Nash proposes the sterilization bill.

Medical Affairs Committee unanimously voted in favor of the bill.<sup>125</sup> The floor leader in the Senate was Senator Brasington, a physician from Camden, who argued the bill only applied to people in institutions who should not have the right to reproduce.<sup>126</sup> In addition to these legislative changes, middle-class, white women formally united behind the sterilization bill. At the annual convention for the South Carolina Federation of Women's Clubs in in April 1935, the clubwomen voted to work towards passing sterilization in the legislature.<sup>127</sup> Whitten vocally acknowledged their assistance, stating that women, progressive preachers, and social workers were the main supporters of the bill in 1935.<sup>128</sup> These changes in the structure of the legislature, and supporters like clubwomen uniting behind the bill, demonstrated an increase in the prestige and political influence of physicians.

In the midst of the Great Depression, Representative Blackburn stressed the financial detriment that feebleminded reproduction had on the state. The sterilization bill would, he argued, create incalculable monetary savings for South Carolina, because it would reduce spending on criminals and mental patients.<sup>129</sup> He argued that the current system was “taking from the normal child in order to support the unfortunates.”<sup>130</sup> Financial concerns fueled eugenic thought, with one editorial published in the *Clinton Chronicle* asking how long it would take the state to realize that the feebleminded cost the citizens more than any other disease.<sup>131</sup> Earlier, Whitten contended that four hundred

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<sup>125</sup> “Sterilization Bill Approved,” *The State*, February 28, 1935.

<sup>126</sup> “Senate Approves Sterilization Bill,” *The Camden Chronicle*, May 17, 1935.

<sup>127</sup> “Economy Urged By Clubwomen,” *The State*. April 11, 1935.

<sup>128</sup> Larson, *Sex, Race, and Science*, 128.

<sup>129</sup> “Would Sterilize [sic] Certain People,” *The Camden Chronicle*, February 22, 1935.

<sup>130</sup> “House Approves of Sterilization,” *The State*, May 2, 1935.

<sup>131</sup> “Costly Economy,” *The Clinton Chronicle*, February 26, 1925.

thousand feeble-minded patients in state-run institutions cost the country a million dollars annually.<sup>132</sup> With the change in the make-up of the House of Representatives and Blackburn's financial arguments in 1935, the bill was approved in the House, 71 to 19.<sup>133</sup> The Senate gave final approval to the bill with a vote of 32 to 4.<sup>134</sup>

Although the bill passed with clear majorities, due to increased political power for physicians and the financial concerns of the Great Depression, some lawmakers still objected, reflecting South Carolina's overall reluctance to accept sterilization. Representative Quick and Dunlan questioned the hereditary argument of feeble-mindedness, asking Blackburn "are insane children sometimes born to sane parents?" and "is it possible for insane parents to bear sane children?"<sup>135</sup> These questions required Blackburn to affirm that both of those scenarios were possible. Concern for women also was a key factor. Representative Thomas asked his fellow legislators to think before passing the law because sterilization meant a major operation for women to undergo.<sup>136</sup> In the Senate, Senator Dunlap opposed the bill because he believed that the operation would increase immorality in young women because sterilization would reduce the consequences of pregnancy. Additionally, Dunlap thought that sterilization would give women inferiority complexes, stigmatizing them from the rest of society.<sup>137</sup> Though

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<sup>132</sup> "Society Reports: Spartanburg County Medical Society," *Journal of the South Carolina Medical Association* 27 (1931): 346. Adjusted for inflation, \$1,000,000 in 1931 is equivalent to about \$18,196,644.74 today.

<sup>133</sup> "House Approves of Sterilization," *The State*, May 2, 1935.

<sup>134</sup> "Senate Approves Sterilization Bill," *The Camden Chronicle*, May 17, 1935.

<sup>135</sup> "House Approves of Sterilization," *The State*, May 2, 1935.

<sup>136</sup> "House Approves of Sterilization," *The State*, May 2, 1935.

<sup>137</sup> "Senate Approves Sterilization Bill," *The Camden Chronicle*, May 17, 1935.

these legislators expressed similar concerns as the majority opposition in 1933, their perspective became the minority in 1935.

Act 304 was enacted on May 17<sup>th</sup>, 1935, giving power to superintendents of state institutions, both penal and charitable, to petition the State Board of Health to sterilize anyone “afflicted with any hereditary form of insanity that is recurrent, idiocy, imbecility, feeble-mindedness, or epilepsy.”<sup>138</sup> Once written, the petition would be served to the patient, thus beginning the process of their compulsory sterilization.<sup>139</sup> Their parents, children, siblings, guardians, or committees would be alerted, but only if they could be located. The Board of Health could then accept or deny the petition if “the welfare of such inmate and of society will be promoted by such sterilization.”<sup>140</sup> The law allowed only salpingectomy and vasectomy to be performed, but clearly outlined that “nothing in this Act shall be construed to authorize the operation of castration or the removal of sound organs from the body.”<sup>141</sup> This was a strong law that gave superintendents of State Hospitals (like Williams) and of State Training Schools for the Feebleminded (like Whitten) a lot of power, but which was regulated by the Board of Health.

Just as South Carolina was one of the last states to pass a sterilization law, it was also very slow to implement the law. On June 19<sup>th</sup>, 1936, *The Camden Chronicle* announced that the State Sterilization Board had authorized the first patient to be sterilized, a patient at the State Training School for the Feebleminded.<sup>142</sup> As late as 1937,

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<sup>138</sup> Act No. 304, 1935 S.C. Acts 428.

<sup>139</sup> Act No. 304, 1935 S.C. Acts 428.

<sup>140</sup> Act No. 304, 1935 S.C. Acts 429.

<sup>141</sup> Act No. 304, 1935 S.C. Acts 430.

<sup>142</sup> “Sterilization Law Put into Effect,” *The Camden Chronicle*, June 19, 1936.



Whitten complained to Williams that he had not received legal authority for sterilizations by the Executive Committee of the Board of Health. “I did not feel that the board legally authorized me to proceed with operations,” he wrote, “because the law states that ‘the board shall issue an order,’” and he had not received any official board orders.<sup>143</sup> As late as 1948, Coyt Ham, superintendent of South Carolina State Hospital, reported that “sterilization laws in South Carolina are of such a nature that it is rather difficult to secure permission for this operation to be performed.”<sup>144</sup>

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<sup>143</sup> B.O. Whitten to C.F. Williams, July 12, 1937, Sterilization File, South Carolina State Department of Archives and History.

<sup>144</sup> Coyt Ham to Marion S. Olden, February 14, 1948, Sterilization File, South Carolina State Department of Archives and History.

## CHAPTER FIVE

### FACTORS EXPLAINING SOUTH CAROLINA'S RETICENCE

Religious beliefs influenced the perspective of many citizens of South Carolina on the necessity of compulsory sterilization in the state. In 1933, Representative John Graham argued that sterilization interfered with God's role in society.<sup>145</sup> Three days after the Senate passed the sterilization bill in 1935, the South Carolina State Council of the Knights of Columbus, a Catholic men's organization, passed resolutions disapproving of sterilization. They declared that the legislation was "inhuman, unjust, immoral, pagan and unchristian."<sup>146</sup> Spurred towards action, the Knights of Columbus quickly assembled to condemn the sterilization bill and sent their complaints directly to Governor Olin D. Johnston.<sup>147</sup> Catholics valued divine law that protected reproduction, life, and the family; eugenicists interfered with these laws, thus earning the rejection of Catholics nationwide.<sup>148</sup> Values of religion were an important characteristic of southern society. Eugenicists in the north were typically nonreligious or liberal Protestants; Christine Rosen even argued that Protestants were the "most enthusiastic and numerically powerful

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<sup>145</sup> "House Opposed to Sterilization," *The State*, April 12, 1933.

<sup>146</sup> J.F. Gallivan to Gov. Olin D. Johnston, May 24, 1935, Governor Olin D. Johnston Papers, South Carolina State Department of Archives and History.

<sup>147</sup> J.F. Gallivan to Gov. Olin D. Johnston, May 24, 1935, Governor Olin D. Johnston Papers, South Carolina State Department of Archives and History.

<sup>148</sup> Christine Rosen, *Preaching Eugenics: Religious Leaders and the American Eugenics Movement*, (Oxford: Oxford University Press, 2004): 139.

group of religious participants in the eugenics movement.”<sup>149</sup> In the South, however, Larson argued that religion created kinship that resulted in “a sense of extended church family that reached throughout homogenous southern communities.”<sup>150</sup> This idea of an extended family also challenged eugenical ideas because this kinship created a broad network of family members who felt responsibility for individuals who otherwise would be sent to state-run institutions for the feeble-minded.<sup>151</sup>

In a letter requesting sterilization in 1954, William S. Hall, the superintendent of the South Carolina State Hospital, rejected the petition, stating that the institution was very overcrowded and only had a limited budget.<sup>152</sup> When the budget was restricted, funding was not prioritized to sterilize the feeble-minded. A student at Briar Cliff College, a Franciscan institution in Sioux City, Iowa, asked Hall how sterilization laws were enforced in South Carolina. In reply, Hall stated that there was unavailability of physicians that could operate these procedures, and if they did not have this shortage the statistics would be more numerous.<sup>153</sup> The American Eugenics Society, an organization dedicated to promoting eugenics nationwide, recognized these financial problems that states like South Carolina faced, and in a section of their promotional pamphlet entitled

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<sup>149</sup> Rosen, *Preaching Eugenics*, 15.

<sup>150</sup> Larson, *Sex, Race, and Science*, 13.

<sup>151</sup> Larson, *Sex, Race, and Science*, 9.

<sup>152</sup> William S. Hall to Sarah H. Reedy, December 13, 1954, Sterilization File, South Carolina State Department of Archives and History.

<sup>153</sup> William S. Hall to Darlene Upmann, April 25, 1961, Sterilization File, South Carolina State Department of Archives and History.

“Working Under Difficulties,” they expressed that the lack of physicians “has caused a situation which might be considered substantially the same as disuse.”<sup>154</sup>

Sterilization, like other forms of eugenics, was typically advocated by academics and social scientists; however, there was a lack of funding for higher education in southern states.<sup>155</sup> Larson states that at the turn of the twentieth century, the annual income of all the institutions in the Deep South was \$850,000, a figure less than that of Harvard University alone.<sup>156</sup> For example, the University of Mississippi received no state funds. Larson argued that in the Deep South “relatively few working scientists resided to spread the word of change.”<sup>157</sup> When new modern scientific theories, like eugenics, swept across the country, it took time until their eventual integration into southern medical practice. As a result, physicians and psychiatrists at mental health hospitals held the burden of introducing and convincing the public of the positive impacts of sterilization practices.

Additionally, South Carolinians perceived the subject of reproduction to be part of the private sphere. Citizens believed that the government, as part of the public sphere, should not enforce sterilization through laws. Noll argued that Southern conservatives perceived sterilization laws “as another example of encroaching state power over the rights and prerogatives of individuals.”<sup>158</sup> The right to reproduce, or not reproduce, was a decision to be made by the individual, thought the citizens of South Carolina. This

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<sup>154</sup> Marion S. Olden, “Present Status of Sterilization Legislation in the United States,” *Eugenical News* Vol. 31 no. 1 (March 1946), 4.

<sup>155</sup> Larson, *Sex, Race, and Science*, 40.

<sup>156</sup> Larson, *Sex, Race, and Science*, 40.

<sup>157</sup> Larson, *Sex, Race, and Science*, 120.

<sup>158</sup> Noll, *Feeble-Minded in Our Midst*, 79.

discourse came up in the 1933 debate in the House of Representatives. Representative Epps argued that the proposed bill was “aimed at the foundation of human rights” and Representative Lee agreed with this concern, by stating that “we go one step too far when we treat men as we do the lower animals.”<sup>159</sup> This worry over governmental control of foundational rights was a national worry, with Rosen arguing that court rulings like *Buck v. Bell* were viewed as an example of the state encroaching citizens’ rights “in the name of eugenics.”<sup>160</sup> Representative Bradford declared the bill was “inhuman and the state has no right to butcher its citizens.”<sup>161</sup> Sterilization was seen by South Carolina state representatives as a violent interference by the government.

Overall public perception of sterilization in South Carolina continued to be negative. In April 1935, the *Columbia Record* published “These Sterilization Laws” opposing the sterilization bill: “there is too much that the world doesn’t know about hereditary to be writing laws involving it.”<sup>162</sup> The newspaper perceived the law as unnecessary governmental interference, describing sterilization as an experiment and arguing that the only real way to abolish the mentally unfit is to sterilize everyone.<sup>163</sup> Otherwise, feebleminded would still find a way to reproduce within society. The editors of the newspaper were not convinced by pro-sterilization arguments of safety and financial stability.

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<sup>159</sup> “House Opposed to Sterilization,” *The State*, April 12, 1933.

<sup>160</sup> Rosen, *Preaching Eugenics*, 150.

<sup>161</sup> “House Opposed to Sterilization,” *The State*, April 12, 1933.

<sup>162</sup> “These Sterilization Laws,” *Columbia Record*, April 20, 1935.

<sup>163</sup> “These Sterilization Laws,” *Columbia Record*, April 20, 1935. Later, on May 14, 1935, *The Columbia Record* published a negative article about sterilization again (“Sterile”), stating that the bill “will solve few of South Carolina’s problems.”

## CONCLUSION

The state of South Carolina provides a unique lens to analyze perspectives towards eugenical practices, like compulsory sterilization, in the early to mid-twentieth century in the United States. This paper suggests that particular political, economic, and societal factors of South Carolina were responsible for the state's hesitancy towards forced sterilization. Despite national trends of social reform as a result of the Progressive movement, citizens of South Carolina rejected this movement and the associated physicians who advocated for eugenics. It took several years in the legislature for the sterilization bill to be passed by both the House of Representatives and the Senate, and even when it was legalized, it was not heavily used. This hesitancy in implementation is demonstrated clearly through a comparison to North Carolina. North Carolina sterilized over 7,000 individuals without their consent, in comparison to the 277 citizens of South Carolina.

The sterilization program in South Carolina persisted for fifty years, from 1935 until 1985. Senator Elizabeth J. Patterson, a Democrat from Spartanburg County, received a complaint in 1984 from a constituent with epilepsy, who was concerned with the sterilization law's provision about epileptics. This came as a surprise to Senator Patterson, who was unaware the law even existed. She stated that it was "definitely a slap

in the face to people categorized in that legislation.”<sup>164</sup> Despite her ignorance of the law’s existence, Patterson’s own father, Governor Olin Johnston, had signed the bill into law. Even more ironically, her brother had resided at the State Training School for the Feeble-minded (later renamed Whitten Village). As a result of her brother’s experience, she believed that intellectual disabilities were not hereditary. Further researching the law, Patterson discovered that the State Health Department had not used the sterilization statute for over a decade. Although they had promised never to use it again, she fought further to ensure it could not be.<sup>165</sup> As a result of Senator Patterson’s efforts, the act to sterilize the feeble-minded was officially repealed in South Carolina on April 18, 1985. There was little opposition in the legislature, only a single angry constituent and representative.<sup>166</sup>

Analyzing the controversial nature of the sterilization law provides a new dimension to understanding the political attitudes of legislators and citizens of South Carolina. It offers a new perspective for understanding the state’s conservative nature, providing an example of how the state politics transformed from anti-elitist conservatism in the early twentieth century to more recognizable conservatism of the later twentieth century. In the first legislative debates in 1933, the House of Representatives rejected sterilization because many legislators did not believe private matters of reproduction should be governed over by the state. Sterilization was a subject much too large for the legislature to rule over. By 1935, however, the national progressive movement had provided more political influence to physicians who tended to support sterilization laws.

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<sup>164</sup> “Senate Votes to Kill 1937 Sterilization Law,” *The State*, April 19, 1985.

<sup>165</sup> Larson, *Sex, Race, and Science*, 163.

<sup>166</sup> Larson, *Sex, Race, and Science*, 164.

As a result, more doctors were involved in the legislative debates and the sterilization bill passed in both the House of Representatives and Senate. The process to pass a sterilization law occurred during a transitional period in South Carolina history, where reformers inspired by the nation-wide progressive movement attempted to bring change to the state. This tumultuous period is clearly illustrated by the fact that although citizens and legislators originally opposed sterilization legislation, they eventually passed the bill.



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