

The Importance of Not Being Johnny or Mary. Naming Practices and Child Mortality During the Demographic Transition

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Studying naming practices “may prove to be the single most nearly ideal measure for analyzing spatial and temporal variation in total cultural systems.” (Zelinsky, 1970, p. 743). Naming practices play an essential role, serving as markers of patterns in migration, mobility, marriage, social identity, and demographic assimilation. These practices reveal deeper layers of social and cultural realities.

Based on this perspective, the intersection of naming practices and demographics has recently garnered attention for revealing shifts in societal behaviors and preferences over the past. Goldstein and Stecklov (2023) observed that during the demographic transition, innovative naming correlated with fertility shifts: In the United States, traditional names like John, James, Mary, and Anna given to the first child among white couples were associated with larger family sizes, indicating that adherence to onomastic norms could be a signal of broader mentality changes and the adoption of new reproductive behaviors. Additionally, the research by Minello et al. (2021) extended the implications of naming to neonatal mortality, demonstrating a significant link between the number of names given and neonatal survival in 19th-century Veneto (North-East Italy). They propose that the increase in given names over time mirrored similar cultural processes that pushed the decline in neonatal mortality. These naming patterns could reflect deeper transformations in onomastic rules and their relationship with improving newborn survival rates.

The relationship between onomastics and mortality, however, warrants further investigation, with the demographic transition offering a particularly informative period for study. This transition, in fact, coincides with a significant transformation in certain areas, regarding the process of name attribution: The Modern Onomastic Revolution (MOR). MOR corresponds to a profound shift in naming practices that affected developed countries of Christian tradition over the last two centuries, signalling a change in mentality over time.

Our study investigates the role of naming-practices, during the demographic transition and the MOR in Veneto region, a context that already attracted the attentions of scholars because of its extremely high level of child and neonatal mortality, and for a subsequent very rapid decline.

We will explore the specific name(s) given to children, examining whether diverse naming practices were associated with varying risks of infant and neonatal mortality for boys and girls in Veneto during 1816-1870. Moreover, by delving deeper into the birth and death records of the parish of San Marco, in the earth of Venice – where data are particularly rich and the social environment was more varied and complex than in the rural parishes – we seek to provide more detailed insights on the link between naming practices and child mortality. After a brief exposition of the MOR and its possible connection with the demographic transition, we describe the sources used and the methodology. We then present the results. Our results open avenues for expanding the research to other regions and underline the essential role of naming practices in historical demography.

The Modern Onomastic Revolution as a clue of changing mentality

MOR refers to a significant shift in naming practices in Cristian Europe and other high-income countries during the last couple of centuries. It is characterized by a departure from naming criteria which had persisted for at least 500 years (Mitterauer 1993; Rosenthal 2005). MOR encompasses the evolution from repetitive and hereditary naming patterns to more diverse and individualized choices. Before MOR names were often passed down through generations, reflecting familial, religious, or cultural heritage. From the last centuries of the Middle Ages until the beginning of the 19th century, European children were assigned a very limited set of names at the time of baptism: generation after generation, the five most frequent names could easily exceed 50% of the assignments for both males and females. Furthermore, the newborn was often named after the godfather or godmother at baptism, or after a grandfather or grandmother (Mitterauer 1993). This pattern (a limited number of names, consistently repeated across generations) is observed in all European countries with a Christian tradition, albeit with some local variations. The change happened, at a diverse pace by sex and by country, usually starting during the 19th century. A trend emerged toward a plurality of names that rapidly varied over time. These choices emphasize personal identity and uniqueness, often influenced by factors such as popular culture, global trends, and the desire for distinctiveness within society. Table 1 provides examples from the Veneto region, where the top 5 names for males and for females covered the 41 and 39% during the Nineteenth century, and 15 and 11% in 2021.

Table 1. The frequency % of the top-5 first given names, males and females born the region of Veneto (1816-69, 2001 e 2021)

Males			Females		
1816-69 (**)	2001 (***)	2021 (***)	1816-69 (**)	2001 (***)	2021 (***)
41%	19%	15%	39%	16%	11%
Giovanni 11	Matteo 5	Leonardo 4	Maria 20	Anna 4	Sofia 3
Luigi	Andrea	Tommaso	Anna	Giulia	Aurora
Giuseppe	Riccardo	Edoardo	Angela	Chiara	Emma
Antonio	Marco	Riccardo	Teresa	Sara	Alice
Angelo	Alessandro	Lorenzo	Giovanna	Alessia	Vittoria

Source: CHILD archive and ISTAT data.

The timing of MOR in Veneto (1800-1950), as in other Western Christian countries and regions, was parallel with the change in the emotional value assigned to new born (Ariès 1962). The hypothesis we test in this paper is whether there is a correlation between the name assigned to the child and his/her risk of dying in the first periods of life. This hypothesis is grounded in the idea that, controlling for other family characteristics, parents who chose innovative names for their children during the MOR were also those most attuned to the emerging views on childhood and care strategies (Minello et al. 2021). As a result, these parents likely adopted behaviours that were more effective in safeguarding their children's health. If confirmed, this hypothesis suggests that the choice of names could be used as a proxy for the level of care and attention children receive, which may subsequently influence their survival prospects.

Data and methods

The CHILD (Collecting Hapsburg Information about Life and Death) dataset used in this study involves 34 parishes which captures data on births and deaths until age of five years during the 19th century in the five central provinces of the Veneto region (Venice, Treviso, Padua, Vicenza, and Verona). This dataset includes the names of 155,215 births. The data are derived from civil birth registers (1816-65) and civil death registers (1816-1869) maintained in parish and/or diocesan archives – under the Austrian Empire (1816-66) and the first years of the Italian Kingdom (1866-69), the cult minister were also Civil registrars. An in-depth analysis was possible for the parish of San Marco, in the city of Venice. During the observed period uniquely in the parish of San Marco not only the names of godfathers and godmothers at baptism were recorded, but also the names of both paternal and maternal grandfathers. Consequently, a more detailed analysis was possible on the given-names of this parish, focusing exclusively on male newborns with a male godfather (90% of total) and with the names of both grandfathers in the birth certificate, who total 1,554.

Using Cox models, we observe whether the risk of dying during the first five years of life was higher for children with traditional names and – for males born in the Venetian parish of San Marco – whether mortality was higher for male children named after their godfather or one of their two grandfathers. The CHILD data set allows us to control for some covariates, such as distance from marriage, season of birth, father's job. Some analyses are repeated using logistic models for neonatal mortality only, during the first month of life, a period in which neonatal mortality in the Veneto region of the 18th and 19th centuries was very high, especially during the winter (Del Panta 1994; Derosas 2003; Dalla-Zuanna and Rosina 2011).

Preliminary results

The percentage of girls with the top-five names peaks at 47.4% in 1819 and shows a marked decline, reaching a low of 30.8% in 1869 (Figure 1). Conversely, male names demonstrate a high of 45.7% in 1840 and a similar downward trend with a low of 36.7% in 1869. These trends suggest a shift in naming practices, earlier for females. The Cox models for five-year mortality show a higher mortality for girls with traditional names and – in San Marco – a higher mortality for boys with the same name as godfather and grandfathers (Figures 2 and 3). Neonatal mortality is significantly higher for children – boys and girls – who are assigned the five most frequent names, and for children who are assigned the two most frequent names (John and Mary) – Figure 4. Mortality differences according to assigned names are larger than those observed for variables traditionally considered in differential analysis, such as parents' social class.

These preliminary results highlight the potential for extending the research to other regions and underscores the critical role of naming practices in historical demography.

Fig. 1. The proportional distribution of the traditional (five most common) given names across 34 parishes in Veneto (1816-1869), by sex

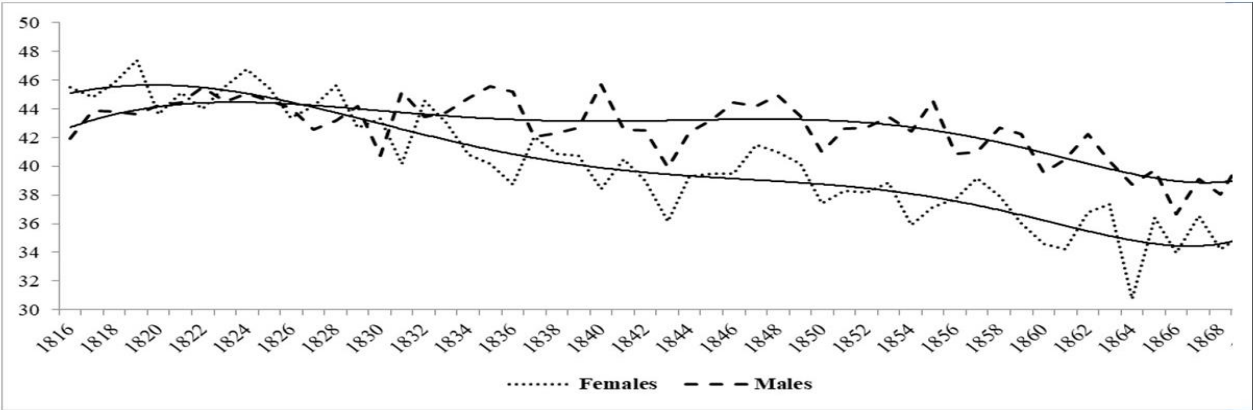


Fig. 2. Hazard mortality ratios for first name: Traditional vs. Modern (baseline). Cox proportional hazards models for age 0-4 years, 34 parishes CHILD archive, 1816-1869

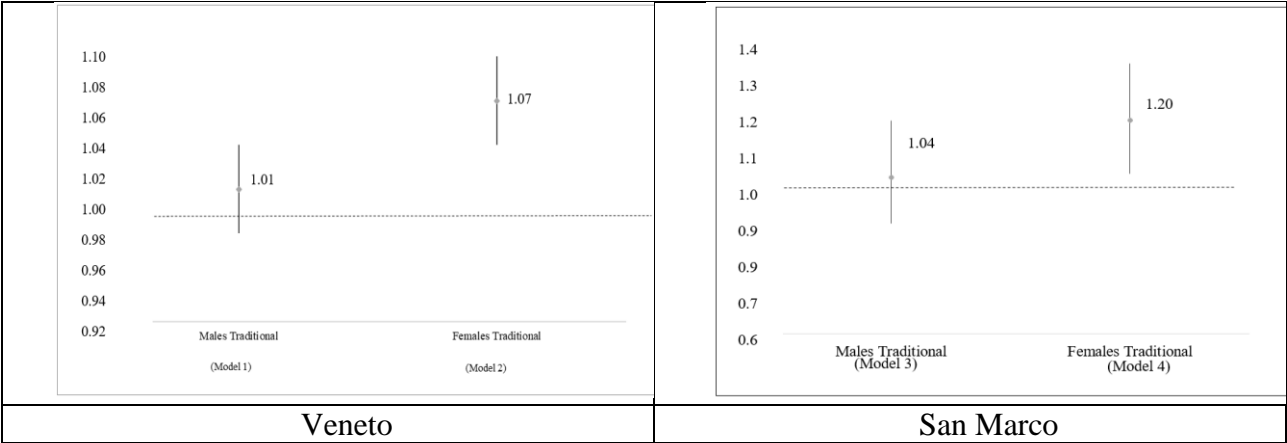


Fig.3. Hazard mortality ratios by given name. First name: Grandfathers vs. Unconventional vs. Godfathers (baseline). All names: Unconventional vs. Godfathers&Grandfathers (baseline). Cox proportional hazards models for males aged 0-4 years, San Marco Parish, 1816-1869

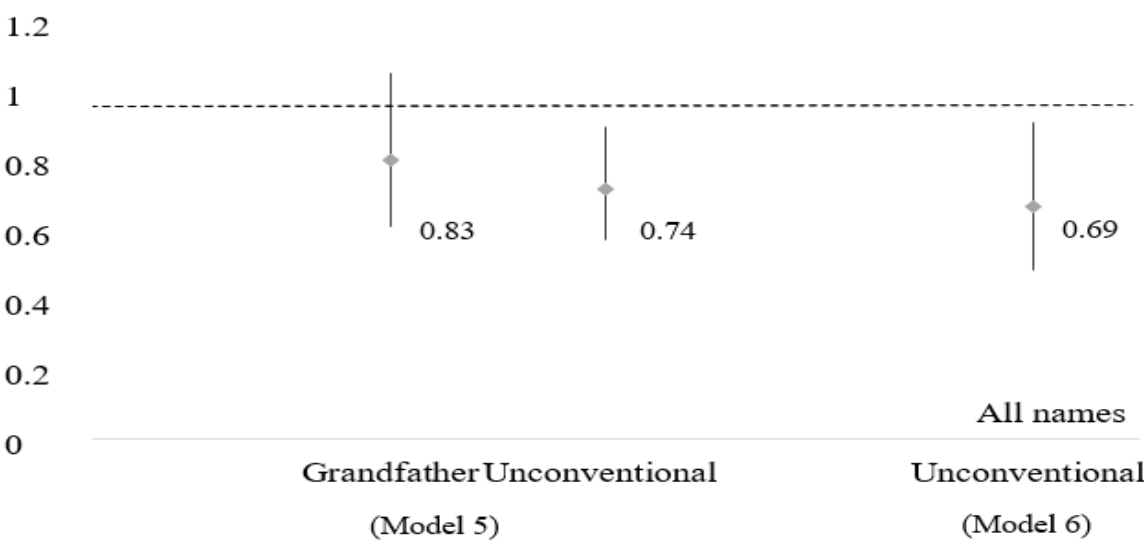
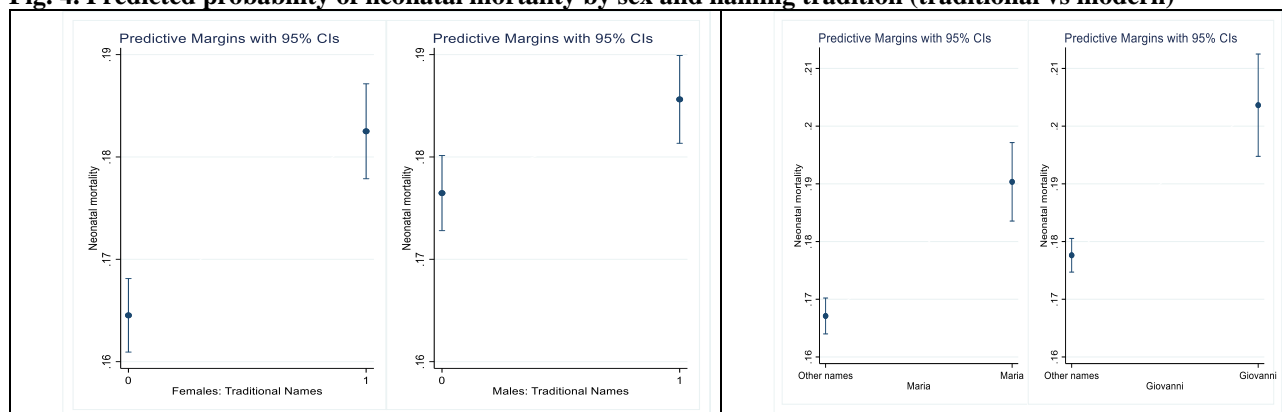


Fig. 4. Predicted probability of neonatal mortality by sex and naming tradition (traditional vs modern)



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