

*“Mid-Life Conditions Mediating the Link Between  
Early-Life Circumstances & Later-Life Outcomes:  
Linked Birth, Census, Military, and Death Records  
for the U.S., 1912-2012”*

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September 29, 2016

**Abstract**

The role of the *in utero* experience in shaping late-life health outcomes has been documented in a variety of settings. The inability in most cases to follow individuals from their birth to their death has hampered our ability to assess this link in large populations. We follow a sample of individuals born at the Chicago Maternity Center 1913-23 to both their enlistment in the U.S. Army in World War Two and their appearance in the Social Security Administration’s Death Master File, allowing us to evaluate the role of birth weight, mediated by circumstances at ages 20-30 on longevity. We find that weight at birth exhibits a strong link to longevity after controlling for physical and socioeconomic characteristics in early adulthood: for individuals who died at ages 68-77, high birth weight (> 4,000 grams) was associated with a reduction in lifespan of more than two years, though for individuals who died at ages 78-88, both high and low birth weight (< 2,500 grams) were associated with 2-3 years of additional lifespan.

**Introduction**

Despite the burgeoning interest in the links between early-life circumstances (including those encountered *in utero*) and later-life health and socioeconomic outcomes, our ability to evaluate the strength of these link – particularly for outcomes at older ages – has been hampered a the lack of appropriate data. Data generated prospectively from recent cohorts are expensive,

subject to attrition, and useless for the next 80 or so years for assessing outcomes such as longevity to old ages. Sources created retrospectively by inquiring about individuals' early-life circumstances may suffer from a variety of biases. The lack of centralized vital registration in the U.S. prevents easily linking birth records with later-life sources. Even where such linkage is feasible, important early-life data are often absent. For example the standard U.S. birth certificate did not even begin to record weight at birth until 1949 (Brumberg *et al.* 2012, p. 2), so even if individuals could be followed from post-1949 birth certificates to their deaths, this would only capture individuals dying at ages below 63.

To remedy these deficiencies with existing U.S. data sources, we have undertaken the linkage of historical records that contain useful information on circumstances at birth (including weight), circumstances in early adulthood (physical characteristics such as height and weight, and socioeconomic characteristics such as schooling and occupational attainment), and both age at death and cause of death. With information on individuals at three points in the life cycle (birth, early adulthood, and death), we can assess not only the role of early life in influencing longevity but also the role of mid-life circumstances in mediating between early-life and late-life outcomes.

### **The Link Between Birth Characteristics and Later Outcomes**

Since the early work by Barker and others in the 1970s, a wealth of evidence has accumulated linking the *in utero* experience and later health. The role of nutrition *in utero* in shaping later health was apparent in the Dutch famine of 1944-45 (Stein *et al.* 1975). The “fetal origins of adult disease” hypothesis (Barker, 1992) provides a model of the physiological

processes linking *in utero* insults (poor maternal nutrition, exposure to infectious disease, maternal stress) to health conditions such as coronary heart disease (CHD), type 2 diabetes, and osteoporosis experienced later in life. For example, Finch & Crimmins (2004) suggest that the pathways to CHD from low birth weight include reduced arterial diameter and low birth weight as a marker for low-grade maternal infection that impairs coronary function later in life.

More recently, attention has focused not just on conditions *in utero* but in early life. Ferrie & Rolf (2012) linked individuals under age 5 in the 1900 U.S. Census of Population to Social Security death records and state death certificates, finding that early life household economic stress (whether the family's home was rented rather than owned and whether the father's occupation was low in socioeconomic status) was associated with reduced lifespan, and an increased incidence of CHD. In a similar vein, Hayward and Gorman (2004) used retrospectively created characteristics of the early life households of individuals in the National Longitudinal Survey's Mature Men Cohort to examine longevity through late adulthood, finding strong links between father's occupation, family structure, and mother's labor force status, though they cannot examine specific causes of death.

What we currently lack, at least for the U.S., is data that would allow us to examine circumstances across the entire life course: from birth, through adulthood, right up to death. We will generate such data, in effect adding mid-life context to the kind of data conventionally examined in the "fetal origins" literature and adding context from birth to that used in linking early and later life outcomes. We do this using birth records (from an outpatient obstetric center in Chicago that operated in the early twentieth century) that we have linked to the U.S. Census

of Population in 1930, to World War Two U.S. Army enlistment records, and to the Social Security Administration's Death Master File. We are in the process of both expanding the set of linked observations and adding information on specific causes of death to assess the mechanisms underlying the relationship among early-life, mid-life- and end-of-life characteristics.

## **The Data**

The starting point for our linkage is birth records that contain detailed information at the time of birth (weight, delivery complications) with sufficient identifying information to allow us to link the parents and child to their 1930 U.S. census records, or to link the child to his World War Two enlistment record. The census record contains detailed household-level characteristics (parents' occupation and home ownership, family composition), while the enlistment record contains detailed physical (height, weight) and socioeconomic (educational and occupational attainment) characteristics, as well as an indicator for whether the individual scored in roughly the top quartile on the Army General Classification Test (AGCT), and IQ-like test used to assess enlistees' intelligence at entry into military service.<sup>1</sup>

From the mid-1890s through the early 1970s, the Chicago Maternity Center on Chicago's West Side at Maxwell Street, on the present site of the University of Illinois at Chicago, oversaw the in-home delivery of more than 30,000 infants at no cost to the mostly poor immigrant community it served. The Center was established by Dr. Joseph DeLee, a leading obstetrician with a strong belief that delivery in-home was the best way to prevent infection of both the

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<sup>1</sup> As Feyrer *et al.* (2007) note, the Army Air Corps insisted that the enlistees it received scored no lower than the top quartile on the AGCT.

mother and infant and that the safest delivery was the least invasive (i.e. most instrument free) delivery. He used the proceeds from his in-patient practice at the Chicago Lying-In Hospital to subsidize the Center's work. (Leavitt 1988) The Center's location is shown in Figure 1.

The Center's procedure was simple. A woman would visit the Center for an examination, then be given the information to summon the physician, nurse, and medical student on duty at the Center to attend the delivery when labor began. The outcome of each birth was recorded (names of both parents, weight, parity,



FIGURE 1. Chicago Maternity Center Location.

presentation, and any complications such as prolonged labor or the use of instruments) and entered into a log book when the staff returned to the Center. These records were deposited in the archive of Northwestern Memorial Hospital when the Center closed in 1974 and were microfilmed by the Family History Library in 1982.<sup>2</sup> We retrieved and transcribed all 30,000+ births from 1900 through 1930.

The neighborhood served by the Center was comprised of primarily recent immigrants from Eastern Europe, mainly garment workers and peddlers. It was one of the most crowded neighborhoods in the city, with a population density of over 50,000/mile<sup>2</sup> in 1930. This area also had the city's highest rate of juvenile delinquency (over 15 juvenile delinquency court petitions per 100 males age 10-16 in 1930), and the city's highest rate of spousal desertion (over 100 per 100,000 population in 1930). Figure 2 shows a view of the Maxwell Street market around 1920.

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<sup>2</sup> FHL Microfilm numbers 1315895 to 1315997.

The full collection of birth records 1913-23 was sought in two sources: the 1930 U.S. Census of Population and the U.S. Army's file of World War Two enlistees. The birth records contain only the surname of the parents and their given names; no given name was provided for the child. Given names were retrieved from



FIGURE 2. Maxwell Street Market, c. 1920.

the Cook County (Illinois) Birth Certificate Index, using the surname, parents' names, and exact date of birth. Linkage to the 1930 census was done on the basis of year and state of birth, fully name, and the names of parents when they were still present in 1930; linkage to the World War Two enlistees file used full name, state and year of birth, and in some cases information on the individual's date of service from records of U.S. veteran grave sites.<sup>3</sup> Finally, each individual was then sought in the Social Security Death Master File using full name, exact date of birth, and the state where the Social Security card was issued (Illinois).<sup>4</sup>

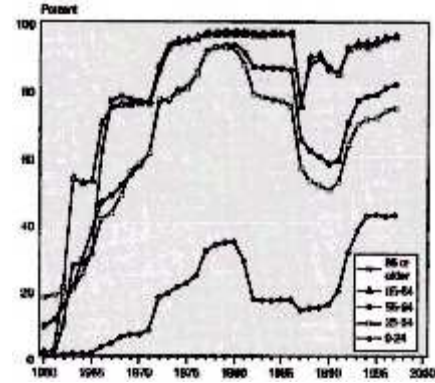
The linkage to the census and enlistment records was straightforward, though time-consuming. The linkage to the Social Security records was complicated by two fact: the records were only computerized from 1965 forward, and the coverage of deaths for individuals who had

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<sup>3</sup> Though there is presently some overlap between the birth records linked to the census and the birth records linked to the enlistment file, they will be treated as two discrete samples here; when these two samples are expanded, the overlap will be sufficiently large that a large number of individuals will be observed at each of four dates: birth, 1930, enlistment, and death.

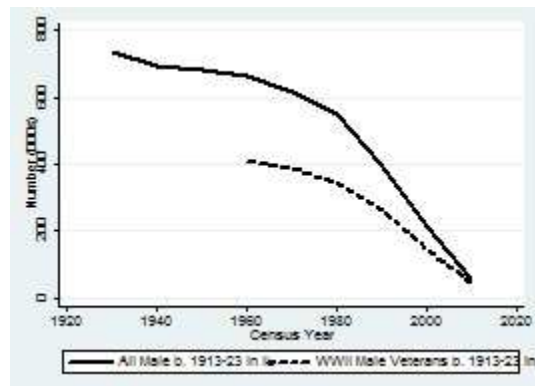
<sup>4</sup> The Chicago Maternity Center records also contain information collected at the time of the mother's initial examination (physical description, exact street address, household economic circumstances) that we are now retrieving. We are also in the process of linking these individuals to Illinois and California state death certificates (containing exact cause of death) – these are virtually the only states in which the individuals in the birth records were reported in the Social Security records to be located at the time of their death.

not yet begun to draw a Social Security pension was sporadic at best. See Figure 3. For these reasons, attention in what follows will be limited to individuals who died between the ages of 68 and 88 (so all individuals are “at risk” for the same length of time), and to individuals who were 65 years of age by 1970.<sup>5</sup> We cannot simply treat these birth cohorts as now “extinct.” Figure 4 shows the dying off of these cohorts at



**FIGURE 3.** Coverage of Deaths in SSA's Death Master File By Age and Year, 1960-2000. Source: Hill & Rosenwaive, 2001/2002.

census dates: in 2010, more than 57,000 (45,000+ World War Two veterans) were still alive. This includes all Illinois male births in these years, when Chicago births were 41.5% of total births in the state, so more than 23,000 males born in Chicago 1913-23 (18,000+ World War Two veterans) were still alive at the start of 2011, the last year for which the Social Security Death Master File is complete.



**FIGURE 4.** Males Born 1913-23 in Illinois Surviving to Specified Census Years (All and World War Two Veterans). Source: IPUMS.

The Chicago Maternity Center records contain four potentially useful characteristics at

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<sup>5</sup> The timing of the Social Security file's creation and the date at which it becomes complete for deaths 65+ creates an econometric complication as well that is not addressed simply through limiting the birth and death years considered. We observe deaths only if they occur in a window from year  $t$  to year  $t+x$ ; and individual who is not linked to the Social Security file cannot simply be considered “censored,” since we do not know whether they died in years  $t-1$ ,  $t-2$ , ... , etc., nor can we know if they were still alive at time  $t+x+1$ ,  $t+x+2$ , ... , etc. We thus do not even know whether a specific observation is left or right censored. We mainly ignore this complication here, and estimate simple OLS regressions on longevity, conditional on death occurring between ages 68 & 88.

birth:

- weight at birth (in ounces and pounds)
- presentation at delivery
- parity
- trauma at birth (prolonged delivery, use of forceps, breech delivery)

Figures 5 and 6 compare the distribution of birth weights in the CMC data and in the NCHS 2009 Natality Detail File. Apart from the discontinuities in the CMC data (which were converted from pounds and ounces to grams), the distributions look broadly similar.

The 1930 census records contain five potentially useful characteristics of the individual's household when the individual was age 7-17:

- parents' occupations
- whether the home was owned or rented (if owned, its value; if rented, the rent)
- the exact street address
- the composition of the family (age and gender)
- the parents' literacy and ability to speak English

The World War Two records contain four potentially useful characteristics when the individual was age 18-32:

- height and weight
- civilian occupation
- completed years of schooling

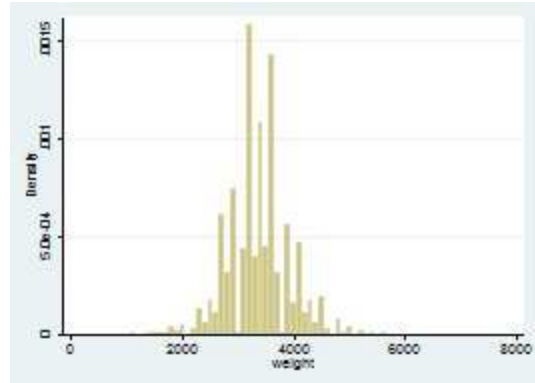


FIGURE 5. Distribution of Birth Weight, Chicago Maternity Center (Males, b. 1913-23.)

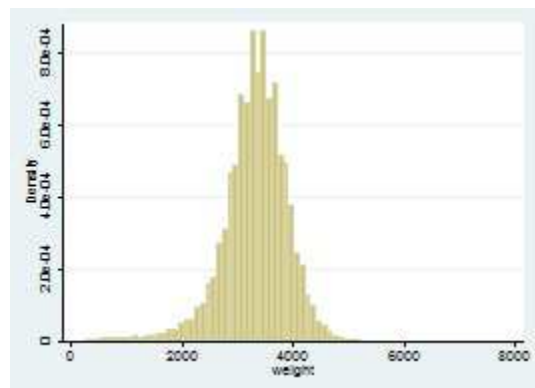


FIGURE 6. Distribution of Birth Weight, U.S.-Born (Males, b. 2009.)



- service branch (Army Air Corps → individual scored in top ¼ on the AGCT)

Finally, the Social Security records report exact date of death and the place (zip code) to which the final Social Security check was sent.

### **Birth Characteristics and Characteristics at Enlistment**

The analysis shown in Table 1 assesses the link between birth circumstances and characteristics at enlistment in the U.S. Army.<sup>6</sup> The first three characteristics are self-explanatory. Schooling is defined as years of completed education beyond grammar school. Army Air Corps is an indicator variable for whether the individual was assigned to the Army air Corps, which required its enlistees to have scored in the top ¼ on the AGCT. White Collar and Unskilled are indicator variables for the occupation the enlistee reported at his entry into the service. High Birth Weight (> 4,000 grams) and Low Birth Weight (< 2,500 grams) are the standard National Center for Health Statistics definitions. OP Delivery is an indicator for a birth in which the orientation at presentation is “occiput posterior” or face up. This position has been associated in some studies with birth complications (Fitzpatrick *et al.* 2001; Cheng *et al.* 2006; Ponkey *et al.* 2003) and in one study (Barker and Edwards 1967) with a small decrease in verbal reasoning test scores at later ages. Precipitate Delivery is an indicator for a delivery that occurred before the CMC team had reached the home, a condition that is also associated with maternal delivery complications (Sheiner *et al.* 2004) and higher risk of psychiatric problems later in life for the infant (Kinney *et al.* 1993). Influenza Year is an indicator for a birth that occurred in 1918 or

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<sup>6</sup> Though we could also look at the birth-1930 link, there are few interesting outcome for children in 1930: only school attendance since September 1929 and ability to read and write.

Birth Characteristic	BMI	Height	Weight	Schooling	Army Air Corps	White Collar	Unskilled
Constant	22.93*** (0.43)	68.29*** (0.33)	152.15*** (3.23)	4.17*** (0.30)	0.16*** (0.05)	0.54*** (0.07)	0.09** (0.04)
High Birth Wgt	0.014 (0.77)	0.33 (0.58)	2.44 (5.75)	-1.12** (0.54)	-0.05 (0.09)	-0.25** (0.13)	-0.01 (0.07)
Low Birth Wgt	-2.25** (1.15)	-0.55 (0.87)	-17.20** (8.63)	-0.55 (0.80)	-0.15 (0.14)	-0.06 (0.19)	-0.09 (0.11)
Parity	-0.03 (0.08)	-0.11* (0.06)	-0.69 (0.62)	-0.11* (0.06)	0.01 (0.01)	-0.02 (0.01)	0.00 (0.01)
OP Birth	0.35 (0.80)	-0.01 (0.60)	-0.78 (5.97)	-0.22 (0.56)	0.08 (0.09)	-0.03 (0.13)	-0.02 (0.08)
Precipitate Birth	0.35 (0.82)	0.53 (0.63)	4.68 (6.18)	0.02 (0.58)	-0.05 (0.10)	0.12 (0.14)	-0.10 (0.08)
Influenza Year	0.58 (0.49)	-0.47 (0.37)	1.62 (3.65)	-0.59* (0.34)	-0.14*** (0.06)	-0.06 (0.08)	0.09** (0.05)
Adj. R <sup>2</sup>	-0.0027	0.0000	-0.0033	0.0304	0.0125	0.0065	-0.0005
Obs.	196	196	196	196	196	196	196

*Note:* Standard Errors in parentheses. Significant at \* 90% \*\* 95% \*\*\* 99%. See text for explanation of variables.

TABLE 1. OLS Regressions on Characteristics at U.S. Army Enlistment (Males b. 1913-23 Linked from Chicago Maternity Center Records to the Army Enlistment File).

1919. Previous research (*e.g.* Almond 2006) has found *in utero* exposure to the influenza pandemic to be associated with a variety of negative later-life outcomes.

The results in Table 1 suggest that if there is an effect from birth weight on characteristics at enlistment, it come most strongly through high birth weight: infants born weighing more than 4,000 grams had 1.12 years less of schooling and were half as likely as normal weigh tinfants to have attained white collar jobs. Low birth weight was linked to lower BMI and weight at enlistment, suggesting that in this population there was little “catch-up” growth after birth to compensate for abnormally low birth weight. Finally, births that occurred during the influenza pandemic resulted in half a year less schooling, a decrease in the probability of scoring in the top

Birth & Adult Characteristic	All	All	Age at Death			
			68-75	68-75	76+	76+
Constant	79.81*** (0.79)	83.23*** (0.22)	72.24*** (0.62)	85.03*** (10.54)	81.25*** (0.64)	81.46*** (9.79)
High Birth Wgt	-0.45 (1.40)	0.22 (1.40)	-1.07 (0.97)	-1.31 (1.74)	1.14 (1.22)	2.12* (1.15)
Low Birth Wgt	-0.46 (2.11)	-0.47 (2.09)	-3.49** (1.63)	-3.07* (1.74)	1.13 (1.72)	1.76 (1.63)
Parity	-0.24 (0.15)	-0.20 (0.15)	-0.04 (0.11)	-0.05 (0.12)	0.01 (0.13)	0.06 (0.12)
OP Birth	-2.42* (1.46)	-2.30 (1.43)	0.08 (0.97)	0.39 (1.01)	-1.66 (1.29)	-1.92 (1.21)
Precipitate Birth	1.62 (1.51)	1.96 (1.49)	-0.68 (1.64)	-0.51 (1.69)	-0.15 (1.14)	-0.17 (1.06)
Influenza Year	-0.42 (0.89)	0.09 (0.90)	0.33 (0.72)	0.34 (0.76)	-0.46 (0.72)	0.15 (0.70)
Height		-0.05 (0.20)		-0.20 (0.17)		0.04 (0.15)
Weight		-0.02 (0.02)		0.01 (0.02)		-0.04*** (0.02)
Schooling		0.74*** (0.21)		0.10 (0.18)		0.77*** (0.16)
Army Air Corps		0.36 (1.12)		1.28 (0.98)		0.07 (0.84)
White Collar		-0.57 (1.18)		-1.82** (0.88)		-0.57 (0.95)
Skilled		0.67 (1.12)		-1.46* (0.84)		0.08 (0.91)
Adj. R <sup>2</sup>	0.0025	0.0443	0.0027	0.0089	-0.0185	0.1379
Obs.	196	196	56	56	140	140

TABLE 2. OLS Regressions on Longevity (Males b. 1913-23 Linked from Chicago Maternity Center Records to the Social Security Death Master File).

¼ on the AGCT from 0.16 to 0.02, and doubling of the likelihood that the infant would later be found in an unskilled occupation.

### Characteristics at Birth and in Adulthood, and Longevity

In the first, third, and fifth columns of Table 2, the link from birth characteristics to

longevity is assessed. These regressions take no account of characteristics at enlistment, and reveal that only OP Delivery has a discernable impact on longevity when deaths at all ages 68-88 are pooled (first column). When deaths are split into those at age 68-75 and age 76+, some stark differences emerge. For example, low birth weight is linked to a shorter lifespan among those who die at ages 68-75, but for those who dies at ages 76+, low birth weight has a much smaller and less precisely estimated effect. In the remaining columns in Table 2, characteristics at enlistment are introduced in addition to birth characteristics. The impact of this change on the birth characteristics is to reduce slightly the negative impact of low birth weight on longevity for deaths at ages 68-75 and to strengthen the positive effect of high birth weight on longevity for deaths at ages 76+. Of the enlistment characteristics, the most striking is the effect of schooling: it raises longevity, but only among those who survive to age 76. The negative effects of white collar and skilled on longevity at younger ages may result from selection into less physically demanding occupations than unskilled labor (the omitted category) by those whose underlying health is worse and who consequently die at younger ages.

Taken together, these results suggest links between birth characteristics that are only slightly diminished once early adult characteristics are considered as well. The differences in the effects of birth weight at different ages may reflect underlying differences in the causes of death most prevalent at different ages and the extent to which high or low birth weight affords different degrees of protection across those causes. When these individuals are linked to state death certificate records, it will be possible to assess this conjecture.

In Table 3, we turn to the sample of CMC birth records linked to both the 1930 U.S. Census of Population and the Social Security Death Master File. Once again, the effects vary by

Birth & Adult Characteristic	Age at Death					
	All	All	68-75	68-75	76+	76+
Constant	80.51*** (1.24)	81.22*** (2.84)	69.89*** (0.90)	70.60*** (2.02)	84.61*** (0.99)	81.37*** (2.32)
High Birth Wgt	-1.38 (1.78)	-0.97 (2.04)	0.72 (1.15)	1.24 (1.41)	-0.37 (1.54)	-0.71 (1.71)
Low Birth Wgt	3.77 (3.03)	3.39 (3.47)	1.19 (2.21)	2.83 (2.35)	5.34** (2.39)	5.70** (2.89)
Parity	-0.22 (0.23)	-0.14 (0.30)	0.07 (0.17)	0.10 (0.21)	-0.17 (0.18)	-0.10 (0.24)
OP Birth	0.54 (1.42)	-0.91 (1.83)	-2.06** (1.05)	-2.13 (1.31)	0.06 (1.11)	-0.75 (1.46)
Precipitate Birth	0.52 (1.87)	-0.18 (2.42)	0.40 (1.64)	-0.70 (2.10)	-1.67 (1.42)	-2.05 (1.95)
Time Trend	-0.76 (0.62)	0.08 (1.11)	-0.23 (0.45)	0.75 (0.81)	-0.88* (0.49)	-0.30 (0.90)
Father Laborer		-0.25 (1.85)		0.37 (1.37)		-1.33 (1.46)
Family Rented		-1.18 (2.59)		-3.33 (2.27)		3.11 (2.14)
Parents Illiterate		0.54 (1.85)		-2.73* (1.46)		0.98 (1.48)
Monthly Rent		0.14 (0.11)		5.29** (2.66)		0.06 (0.07)
House Value		-0.16 (0.17)		-0.09 (0.10)		0.23 (0.16)
Adj. R <sup>2</sup>	-0.0030	-0.0421	-0.0171	0.0728	0.0344	-0.0128
Obs.	214	149	65	46	149	103

*Note:* Standard Errors in parentheses. Significant at \* 90% \*\* 95% \*\*\* 99%. See text for explanation of variables.

TABLE 3. OLS Regressions on Longevity (Males b. 1915-18 Linked from Chicago Maternity Center Records to the 1930 U.S. Census of Population).

the age at death. For example, low birth weight is associated with higher longevity for deaths at ages 76+ (recall that the effect was the opposite sign and significant only for younger deaths when characteristics at enlistment rather than characteristics in 1930 were controlled), suggesting that the pathways from early life to later life are different for deaths at different ages, perhaps as a result of differences in the causes of death at different ages and their different links to early life conditions such as birth weight. Parents' literacy and the monthly rent the family could

afford are also linked to longevity, but in this case only for deaths at ages 68-75.

## **Conclusions**

We have demonstrated the feasibility and potential usefulness of linking birth records to death records and other sources to generate data that can be used to assess the links among characteristics at different points in the life course – for example, the link between birth circumstances and longevity and how it is moderated by circumstances in early adulthood. The effects on longevity we have shown for early life are quite different when deaths at younger (< 76 years of age) and older (76+ years of age) are considered, suggesting that different pathways may be at work. At the same time, even if we simply consider deaths at older ages, some effects of early life change dramatically when a different set of mediating mid-life circumstances is introduced.

These findings have been sufficiently encouraging that we are in the process of substantially expanding the samples used here, and adding information on cause of death. In the next 12 months, we will also be able to add another set of mid-life characteristics as possible mediating factors: the income and educational attainment measures available for the first time in the recently-released 1940 U.S. Census of Population. We are also in the process of acquiring additional birth records (from the New York Midwifery Dispensary, an institution similar to the CMS, and from Brigham and Women's Hospital). Finally, we are also planning to add information from the Medicare and Veterans Administration systems to assess not just mortality in later life but also morbidity and its link to early life circumstances.

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Understanding the link between early and later circumstances is vital to enhancing our understanding of basic physiological, social, and economic mechanisms in operation over the entire life course, to identifying the protective factors that mitigate the negative effects of some early life experiences, and to designing effective interventions that reduce the long-term costs of adverse early life conditions. Outcomes. This makes feasible for the first time linking early and later life circumstances across the twentieth century for a variety of sub-populations defined either in terms of demography (gender, race, specific birth cohort) or geography (region, city, neighborhood, block). Link. About. CIA, Deep State, Arrests & Military Tribunals. October 6, 2018 April 27, 2019 Editor News, Video Leave a comment. Pompeo: "I was the CIA director. We lied, we cheated, we stole"™. Lindsey Graham we (the United States) are in a state of war. Democrats completely violated the separation of powers. If Donald Trump gets a second term, the hope is that he will close all military bases overseas, leave NATO and throw the United Nations out of New York, and cleanup the government. (Note: Youtube is censoring videos and channels. The title of the video is "Deep State Panic, Arrests & Military Tribunals Around The Corner: Robert David Steele".) END. The Deep State Criminals Just Went ALL IN THIS IS WAR. Joe Biden, Barack Obama, Hillary Clinton and Nancy Pelosi appear to be united by more than just their membership of the American establishment. If the claims of lawyer Lyn Wood are to be believed, they are linked by a terrible secret which, however, will soon be made public. Chief Justice John Roberts, the 49th Vice-President of the United States Mike Pence, "no-kill" Jeffrey Epstein, billionaire Bill Gates and thousands of lesser-known characters have also been implicated in sex-trafficking and paedophilia, according to the specialist. "I have seen the evidence. It's undeniable. It really is a battle between good and evil. And a lot of the evidence has to do with paedophilia and child sex trafficking. Laws prohibit its transmission on the internet. Bypass censorship by sharing this link" The Biden regime just declared war on American civilians. "Strike forces" is a military term that refers to armed squads who intend to destroy their target. In this case, the target is every American who refuses to be injected with spike protein bioweapons. The government has declared war on the American people. Eminent doctor: COVID vaccine is "bioterrorism by injection"™ and has likely caused at least 50K deaths in the US. Surgeon who operated on young Italian vaccine victim: "You have never seen anything like this"™.