

Birth Record for Joseph Danko

Son of Michael Danko & Marianna Dziurzyńska

The Commonwealth of Massachusetts		430
OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		
PLACE OF BIRTH <u>Worcester</u>		CANVASSER'S RETURN OF A BIRTH
<small>(To be used for making returns of births, obtained by canvasser and not previously recorded)</small>		
Worcester		Registered No. <u>3183</u>
No. <u>19 Prescott Place</u>		St. _____ Ward _____
<small>(If birth occurred in a hospital or institution, give its NAME instead of street and number)</small>		
NAME OF CHILD <u>Joseph Danko</u>		<small>{ If child is not yet named, make supplemental report, as directed</small>
Sex <u>Male</u>	4 Twin, triplet, or other? _____ <small>(To be answered only in event of plural births)</small>	4a Number in order of birth _____
5 Born alive or still-born <u>alive</u>		6 Date of birth <u>Sept 2 1919</u> <small>(Month) (Day) (Year)</small>
FATHER <u>Michael Danko</u>		MOTHER <u>Mary Guginski</u>
8 FULL MAIDEN NAME _____		10 RESIDENCE No. <u>19 Prescott Place</u> St. _____ <small>(At time the birth occurred)</small>
<u>19 Prescott Place</u> St. _____ <small>(City or town)</small>		<u>Worcester</u> <small>(City or town)</small>
12 AGE AT LAST BIRTHDAY <u>43</u> YEARS <small>(At time the birth occurred)</small>	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>38</u> YEARS <small>(At time the birth occurred)</small>
<u>white</u>	<u>Poland</u> <small>(City or town) (State or country)</small>	<u>Poland</u> <small>(City or town) (State or country)</small>
16 BIRTHPLACE _____	18 OCCUPATION <u>Wiredrawer</u> <small>(At time the birth occurred)</small>	
19 OCCUPATION _____	20 Informant <u>---</u>	
Address No. _____ St. _____	City or town of _____	
Relationship to child, if any _____	22 Filed <u>Jan 1920</u> <small>(Month) (Day) (Year)</small>	
Signature _____	REGISTRAR	

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1 PLACE OF BIRTH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		430
County of Worcester		CANVASSER'S RETURN OF A BIRTH (To be used for making returns of births, obtained by canvasser and not previously recorded) Registered No. 3183		
City or Town of Worcester		No. 19 Prescott Place St., ----- Ward <small>If birth occurred in a hospital or institution, give its NAME instead of street and number</small>		
2 FULL NAME OF CHILD		Joseph Danko { If child is not yet named, make supplemental report, as directed		
3 Sex of Child	male	4 Twin, triplet, or other?	4a Number in order of birth	5 Born alive or still-born born alive
				6 Date of birth Sept 2 1919 <small>(Month) (Day) (Year)</small>
FATHER		MOTHER		
7 FULL NAME		8 FULL MAIDEN NAME		
Michael Danko		Mary Guginski		
9 RESIDENCE <small>(At time the birth occurred)</small>		10 RESIDENCE <small>(At time the birth occurred)</small>		
No. 19 Prescott Place ST. Worcester <small>(City of town)</small>		No. 19 Prescott Place ST. Worcester <small>(City of town)</small>		
11 COLOR	white	12 AGE AT LAST BIRTHDAY	13 COLOR	14 AGE AT LAST BIRTHDAY
		43 YEARS <small>(At time the birth occurred)</small>	white	38 YEARS <small>(At time the birth occurred)</small>
15 BIRTHPLACE		16 BIRTHPLACE		
Poland <small>(City or town) (State or country)</small>		Poland <small>(City or town) (State or country)</small>		
17 OCCUPATION <small>(At time the birth occurred)</small>		18 OCCUPATION <small>(At time the birth occurred)</small>		
Wiredrawer		---		
19 Attendant at birth		20 Informant		
Katie Tutudar		---		
Physician or midwife ---		Address No. ---		
Address No. ---		City or town of ---		
City or town ---		Relationship to child, if any ---		
Did above named personally attend the birth? yes <small>(Yes or No)</small>		22 Filed		
---		Jan 1920 <small>(Month) (Day) (Year)</small>		
21 Canvasser [?] was obtained <small>(Month) (Day) (Year)</small>		W. Henry Towne REGISTRAR		