

*Birth Record for Francis Skowronski
Son of Alexander Skowronski and Frances Dymek*

1 PLACE OF BIRTH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		102
County of <u>Worcester</u>		RETURN OF A BIRTH		Registered No. 3930
City or Town of <u>Worcester</u>		No. <u>16</u> <u>Dorchester</u>	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)				
2 FULL NAME OF CHILD <u>Francis Skowrouski</u>				(If child is not yet named, make supplemental report, as directed)
Sex of Child <u>Male</u>	4 Twin, triplet, or other? _____ (To be answered only in event of plural births)	4a Number in order of birth _____	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Oct. 26, 1919</u> (Month) (Day) (Year)
FATHER		MOTHER		
FULL NAME <u>Alexander Skowrouski</u>		8 FULL NAME BEFORE MARRIAGE <u>Frances Dymek</u>		
RESIDENCE No. <u>16</u> <u>Dorchester</u> St. _____ <u>Worcester</u>		10 RESIDENCE No. <u>16</u> <u>Dorchester</u> St. _____ <u>Worcester</u>		
(City or town)		(City or town)		
COLOR OR RACE <u>white</u>	12 AGE AT LAST BIRTHDAY <u>32</u> (Years)	13 COLOR OR RACE <u>white</u>	14 AGE AT LAST BIRTHDAY <u>32</u> (Years)	
BIRTHPLACE <u>Poland</u> (City or town) (State or country)		16 BIRTHPLACE <u>Poland</u> (City or town) (State or country)		
OCCUPATION <u>Laborer</u>		18 OCCUPATION <u>Housewife</u>		
Attendant at birth <u>S C Mieczkowski</u> (Name)		<u>M.D.</u> (Physician, midwife, father, mother, etc.)		
Address No. <u>8</u> <u>Richland-</u> St. _____ <u>Worcester</u>		(City or town)		
Dated _____ (Month) (Day) (Year)		Did above-named personally attend the birth? <u>yes</u>		
Received at office of city or town clerk <u>Oct 27 1919</u> (Month) (Day) (Year) <i>W. Henry Tourse</i> REGISTRAR		21 Given name added from a supplemental report (Month) (Day) (Year) REGISTRAR		
true copy test _____				

Birth Record for Francis Skowronski

Son of Alexander Skowronski and Frances Dymek

1 PLACE OF BIRTH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY 102 DIVISION OF VITAL STATISTICS			
County of Worcester		RETURN OF A BIRTH Registered No. 3930			
City or Town of	Worcester	No. 16 Dorchester St., ----- Ward		If birth occurred in a hospital or institution, give its NAME instead of street and number	
2 FULL NAME OF CHILD		Francis Skowronski			
3 Sex of Child	Male	4 Twin, triplet, or other?	4a Number in order of birth	5 Born alive or still- born	6 Date of birth Oct. 26, 1919 (Month) (Day) (Year)
		(To be answered only in event of plural births)			
FATHER			MOTHER		
7 FULL NAME	Alexander Skowronski		8 FULL NAME BEFORE MARRIAGE	Frances Dymek	
9 RESIDENCE No. 16 Dorchester ST. Worcester (City of town)			10 RESIDENCE No. 16 Dorchester ST. Worcester (City of town)		
11 COLOR OR RACE	white	12 AGE AT LAST BIRTHDAY	32	13 COLOR OR RACE	white
		14 AGE AT LAST BIRTHDAY	32		
15 BIRTHPLACE		Poland (City or town) (State or country)		16 PLACE	
				Poland (City or town) (State or country)	
17 OCCUPATION Laborer			18 OCCUPATION Housewife		
19 Attendant at birth		S C Mieczkowski (Name)		M.D. (Physician, midwife, father, mother, etc.)	
Address No.		8 Richland- St.,		Worcester (City or town)	
Dated -		Did above-named personally attend the birth? yes			
20 Received at office of city or town clerk			21 Given name added from a supplemental report		
Oct 27 1919 (Month) (Day) (Year)			----- (Month)	----- (Day)	----- (Year)
A true copy Attest: [signed] W. Henry Towne REGISTRAR			----- REGISTRAR		