

# Birth Announcement

**Astoria South Fulton Argus • PO Box 590, Astoria, IL 61501 • Phone 309-329-2151**

Baby's Name: \_\_\_\_\_

Male

Female

Parent(s) Names (specify if Mr. and Mrs. or other)

\_\_\_\_\_  
\_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

City (state if applicable): \_\_\_\_\_

Day/Mo/Yr: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Siblings and age: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Maternal Grandparents: \_\_\_\_\_

\_\_\_\_\_

Paternal Grandparents: \_\_\_\_\_

\_\_\_\_\_

Maternal Great-Grandparents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Paternal Great-Grandparents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Photos will be returned by mail only when accompanied by a stamped, self-addressed envelope large enough to accommodate the photograph. All other pictures must be picked up at the newspaper office.