

Birth Announcement

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

Baby's Name: _____

Male or 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.