

# Birth Announcement

Completed by \_\_\_\_\_  
Relation \_\_\_\_\_  
Phone \_\_\_\_\_

Mail or bring to the Aiken Standard, P.O. Box 456, Aiken, SC  
29801

Name of Baby \_\_\_\_\_ Sex \_\_\_\_\_

Parents Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Born at \_\_\_\_\_ hospital

Grandparents \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Grandparents \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

The baby's siblings are \_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I attest that this information is correct and can be released to the newspaper.

Mother's Signature \_\_\_\_\_

