

P.O. Box 278, 111 E. Broadway, Alton, IL 62002-0278
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Birth

618-463-2551 ● 618-463-2564 ● 618-463-2568

*Please print all information and include photo of baby for publication if desired.
This service is provided free of charge.*



(One parent must sign; signatures of both required only if parents are unmarried)

INFANT'S LAST NAME _____

FATHER'S NAME _____

MOTHER'S NAME _____ (Maiden name) _____

TOWN OF RESIDENCE _____

INFANT'S SEX M ___ F ___ BIRTH NAME _____

BIRTH WEIGHT ___ lbs. ___ ozs.

TIME AND DATE OF BIRTH ___ a.m. ___ p.m. ___ month ___ day ___ year

PLACE OF BIRTH _____ Hospital _____ City _____ State

ELDER CHILDREN'S NAMES AND AGES _____

GRANDPARENT'S NAMES AND TOWNS _____

GREAT-GRANDPARENT'S NAMES AND TOWNS _____

PHONE NUMBER WE MAY CALL FOR QUESTIONS _____ day _____ evening

MOTHER'S SIGNATURE _____

FATHER'S SIGNATURE _____