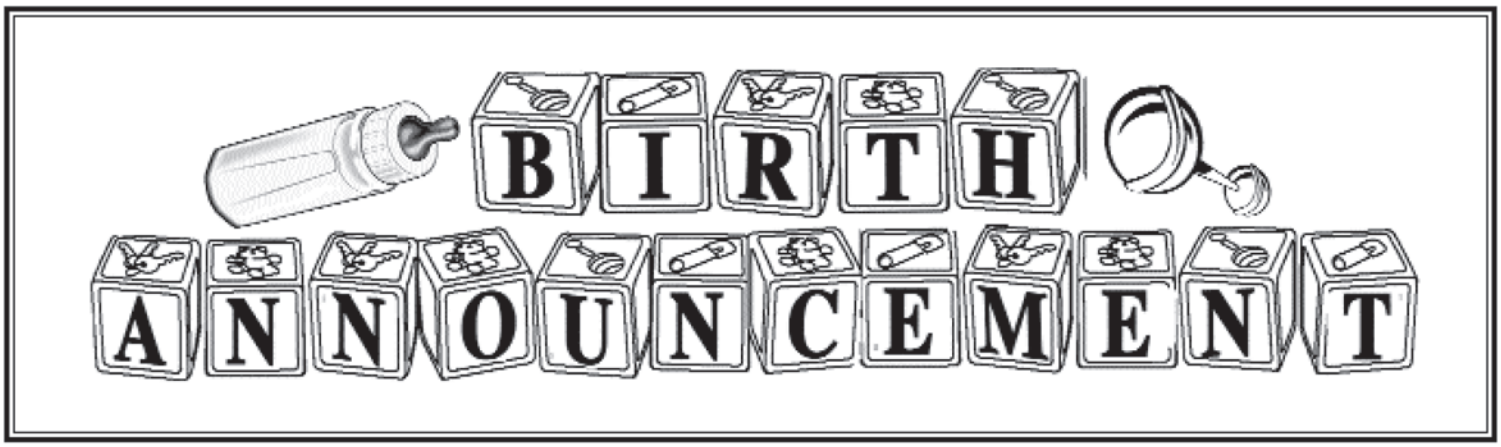


(Baby's name) _____ (Male/ Female)

was born on (date) _____

at _____ (hospital).

He/ She weighed _____ lbs. _____ oz.

and a length of _____inches.

Parents name _____

of (city) _____.

Grandparents names: _____

_____ of (city) _____

_____ of (city) _____

Siblings: _____

# ST. TAMMANY NEWS

PO BOX 90 • COVINGTON • LA 70434
PH (985) 892-7980 • FAX (985) 893-1527 • EMAIL: stnnews@wickcommunications.com