

Chronicle-Independent **Birth Announcement**

Please print. List parents and grandparents as Mr. and Mrs. with husband's first and last name (example: Mr. and Mrs. John Doe), unless divorced or separated. In that case, list separately (example: John Doe and Mary Doe). Fax number is (803) 432-7609.

Baby's Name: _____

Baby's Sex: _____

Parents' Names: (example: Mr. and Mrs. John Doe, unless divorced or separated, example: John Doe and Mary Doe.) _____

Parents' city and state (Camden, S.C.)/ **Phone number:** _____

Mother's Maiden Name: (first and last) _____

Baby's DOB: _____ **Baby's Weight:** _____

Hospital (name/location): _____

Names and Ages of other children in family (specify male or female):

Maternal grandparents and city and state: (example: Mr. and Mrs. John Doe of Camden, unless divorced or separated, John Doe and Mary Doe, both of Camden.)

Paternal grandparents and city and state: (example: Mr. and Mrs. John Doe of Camden, unless divorced or separated, example: John Doe and Mary Doe, both of Camden.)

Certificate and indemnification agreement

I, _____, certify that the information in the notice submitted by me is true and not invasive of any person's privacy. Additionally, I agree to indemnify (hold harmless) the Chronicle-Independent from and against all expenses, including attorney fees and costs, incurred as a consequence of having published the notice submitted by me.

*** The signatures of parents identified above must be signed or the announcement will not be published.

Mother's signature

Father's signature