

# The Brooklyn Exponent

# Births

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Boy \_\_\_\_\_ Girl \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Hometown: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Baby: \_\_\_\_\_

Baby's Weight: \_\_\_\_\_

Baby's Length: \_\_\_\_\_

Hospital and City of Birth: \_\_\_\_\_

Name of Grandparents and Hometown: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Great-Grandparents and Hometown: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number or E-mail: \_\_\_\_\_