



I'm a **GIRL!**

WELCOME BABY _____

MOTHER'S NAME _____

BIRTHDAY _____ TIME _____ RM _____

WEIGHT _____ LBS _____ OZ _____ LENGTH _____ HEAD _____ CHEST _____

MOTHER'S DOCTOR _____

MY DOCTOR _____

BREASTFEEDING BOTTLE FEEDING

B-74 (2.20)