



*I'm a* **BOY!**

WELCOME BABY \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ TIME \_\_\_\_\_ RM \_\_\_\_\_

WEIGHT \_\_\_\_\_ LBS \_\_\_\_\_ OZ \_\_\_\_\_ LENGTH \_\_\_\_\_ HEAD \_\_\_\_\_ CHEST \_\_\_\_\_

MOTHER'S DOCTOR \_\_\_\_\_

MY DOCTOR \_\_\_\_\_

BREASTFEEDING     BOTTLE FEEDING

**B-75 (2.20)**