



Congratulations

Feeding Preference



BREAST MILK

My Name _____ Room _____

Mom's Last Name _____

My Birthdate _____ Time _____

Birth Weight ____ lbs. ____ oz.

Length _____ in. Head _____ Chest _____

My Doctor _____

Mom's Doctor _____

Pacifier? Yes No

M-1217



FAMILY BIRTHPLACE

401 S. Ballenger Highway
Flint, MI 48532
(810) 342-2279
mclaren.org/flintBirthPlace

*"To be in your child's memories
tomorrow, be in his life today."*

- Anonymous

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