



# 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-1218



## FAMILY BIRTHPLACE

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

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

- Anonymous

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