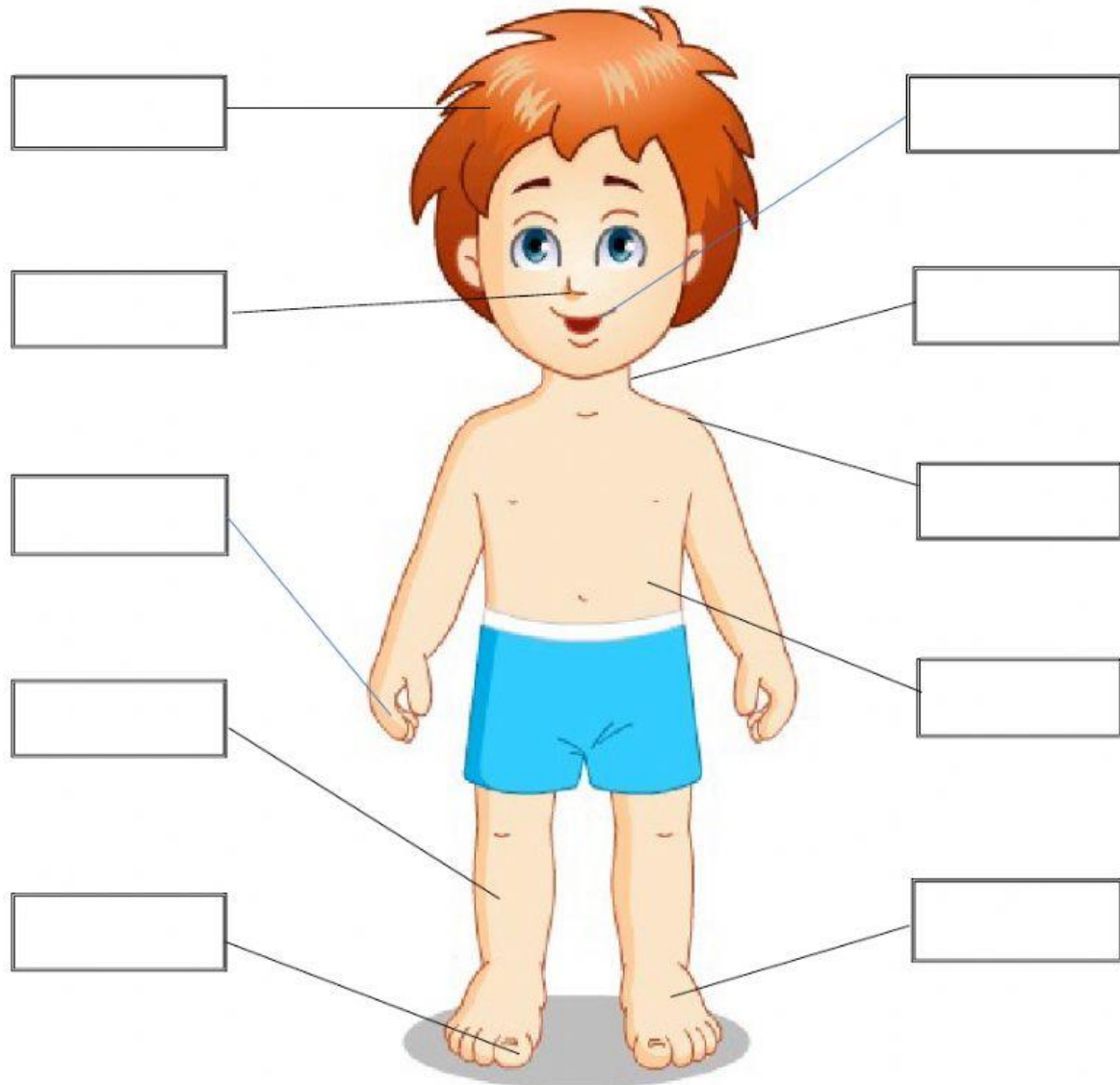


Name: _____ Class:- _____ Date:- _____

Label the body parts



Head	Mouth	Nose	Stomach	Arm
Fingers	Leg	Foot	Toes	Neck