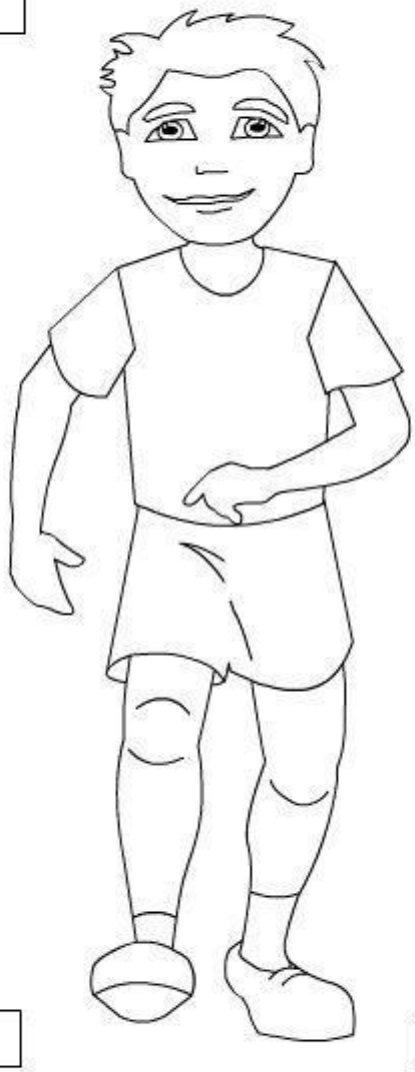
Ourselves Name.....

Draw a line from each label to the right part of the body.



Hair

Head

Nose

Eyebrow

Ear

Mouth

Eye

Chin

Neck

Shoulder

Chest

Elbow

Wrist

Arm

Hand

Tummy

Knee

Leg

Foot

Ankle

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