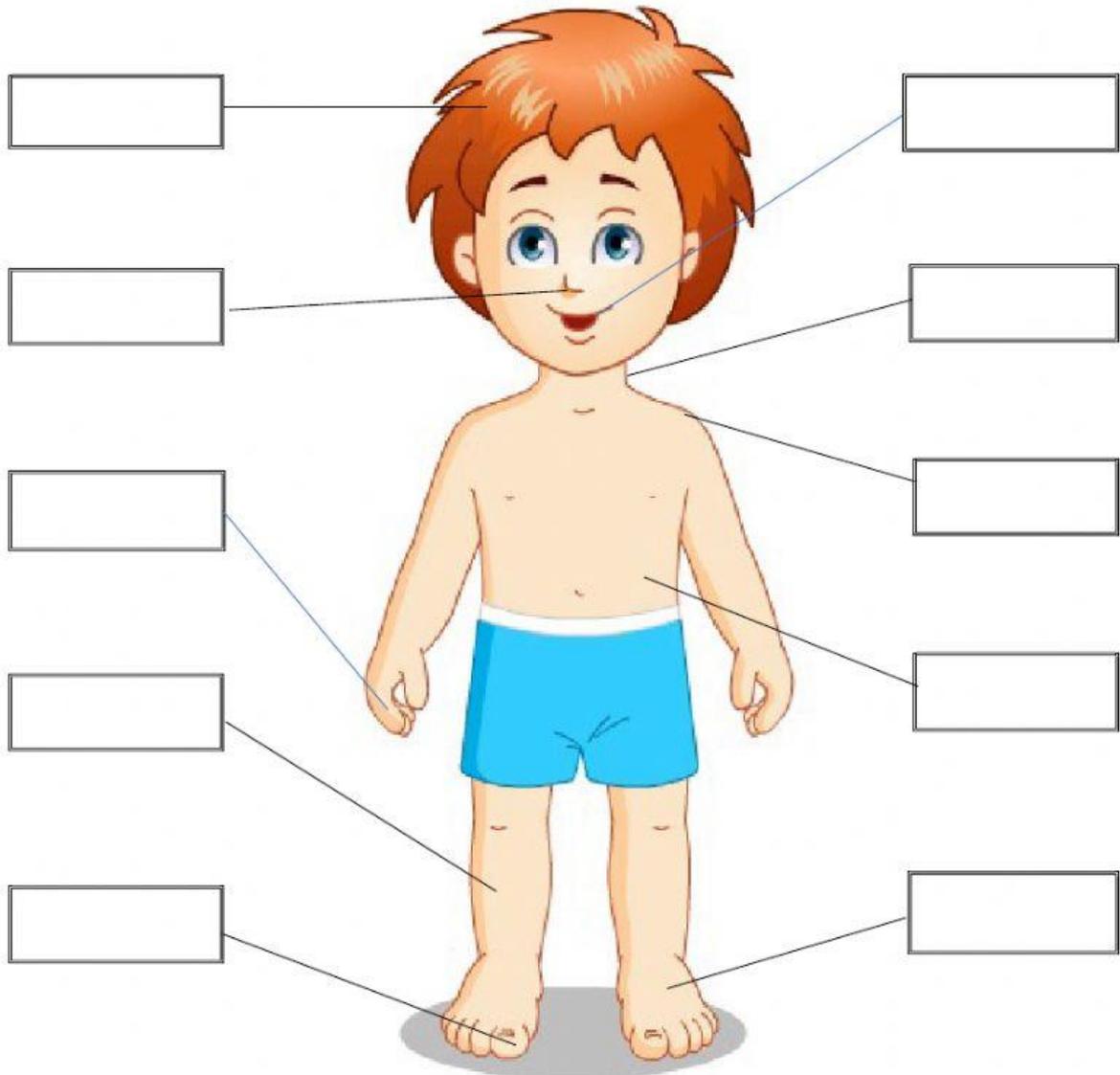


Name: _____ Class:- _____ Date:- _____

Lable the body parts



Head

Mouth

Nose

Stomach

Arm

Fingers

Leg

Foot

Toes

Neck