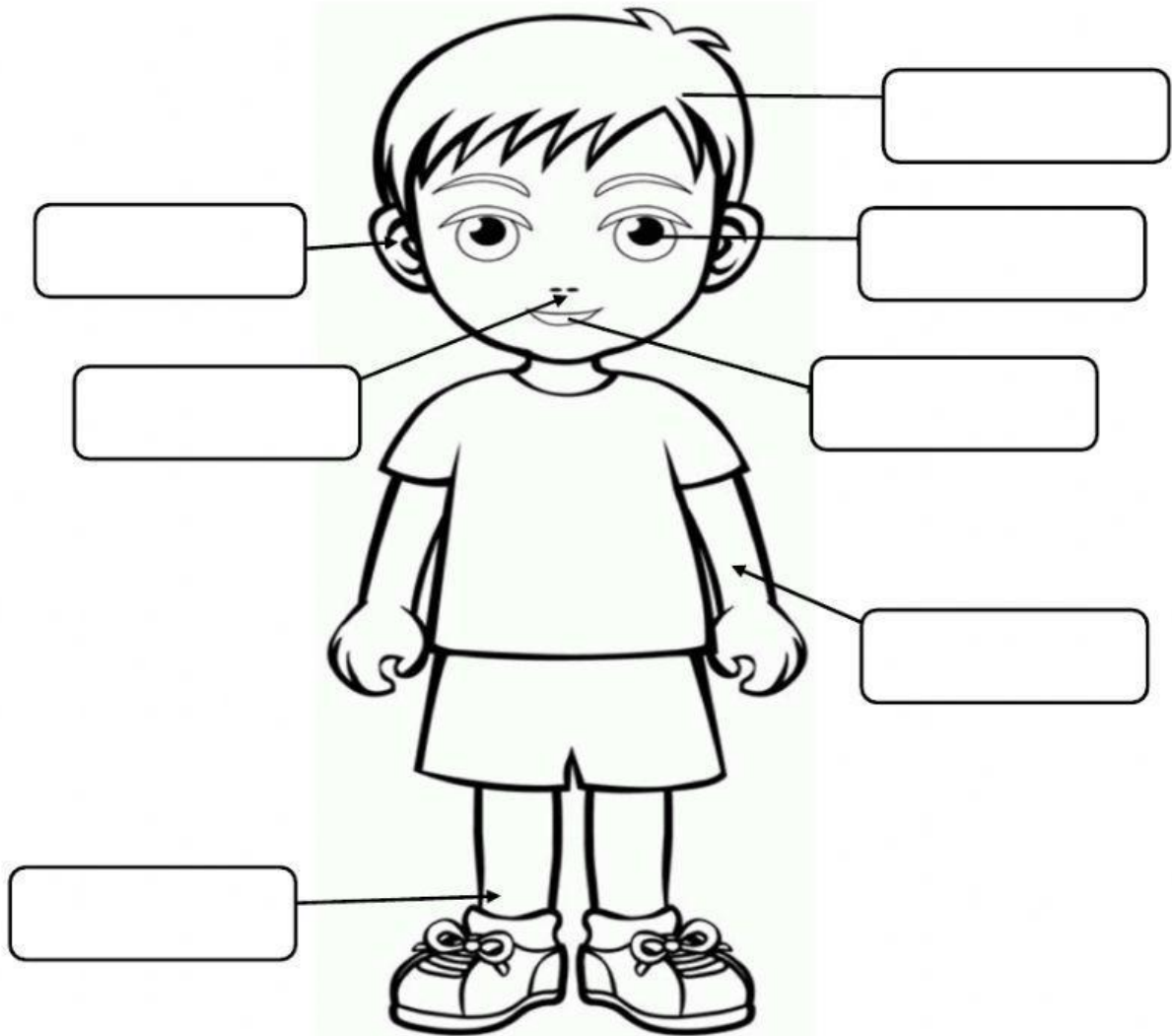




Name _____ Class _____ Date _____

Label the Body parts



eyes	mouth	nose	legs
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hands	head	ears
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