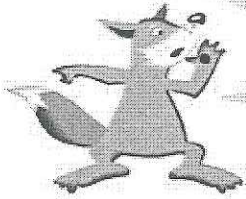


Connect with the name of the body.

DATE _____

NAME _____



eye

nose

mouth



hair

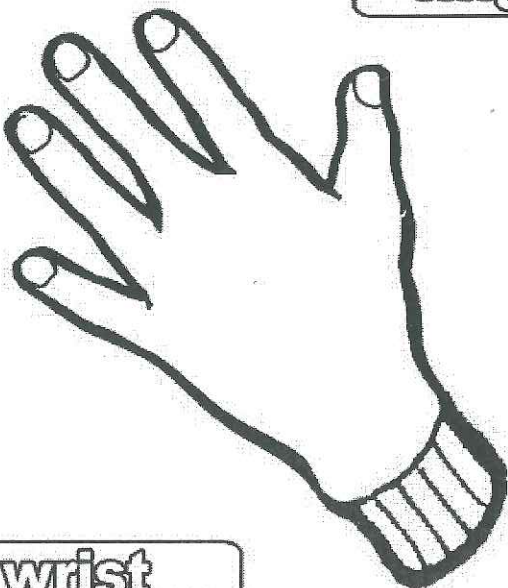
ear

neck

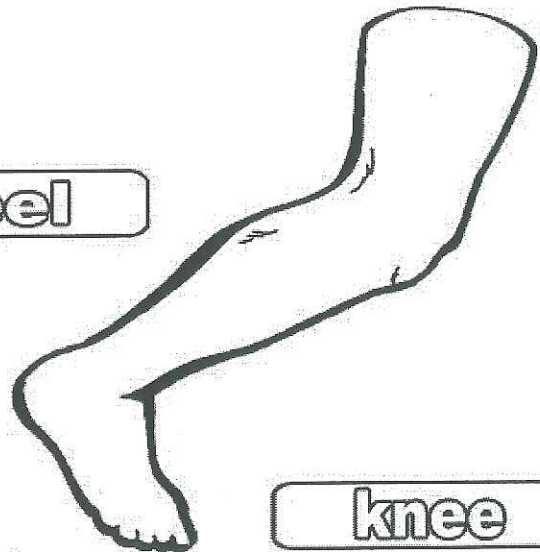
shoulder

nail

finger



heel



knee

wrist

foot