

I'm a BOY!



Baby's Name _____

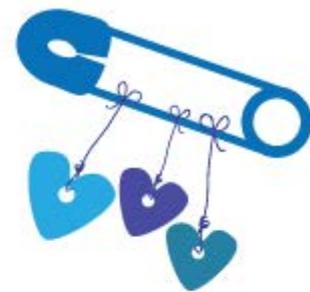
Date of Birth ____/____/____ Time ____:____ AM
PM

Birth Weight _____ Length _____

Baby's Doctor _____

Mother's Name _____

Mother's Doctor _____



**Breastfeeding —
Simply the Best**

For more information
on breastfeeding,
call 311.

STAYING IN

Mother's Room

Nursery

NICU

FEEDING

Breast Milk ONLY

Breast Milk and Formula

Formula Only _____

Type