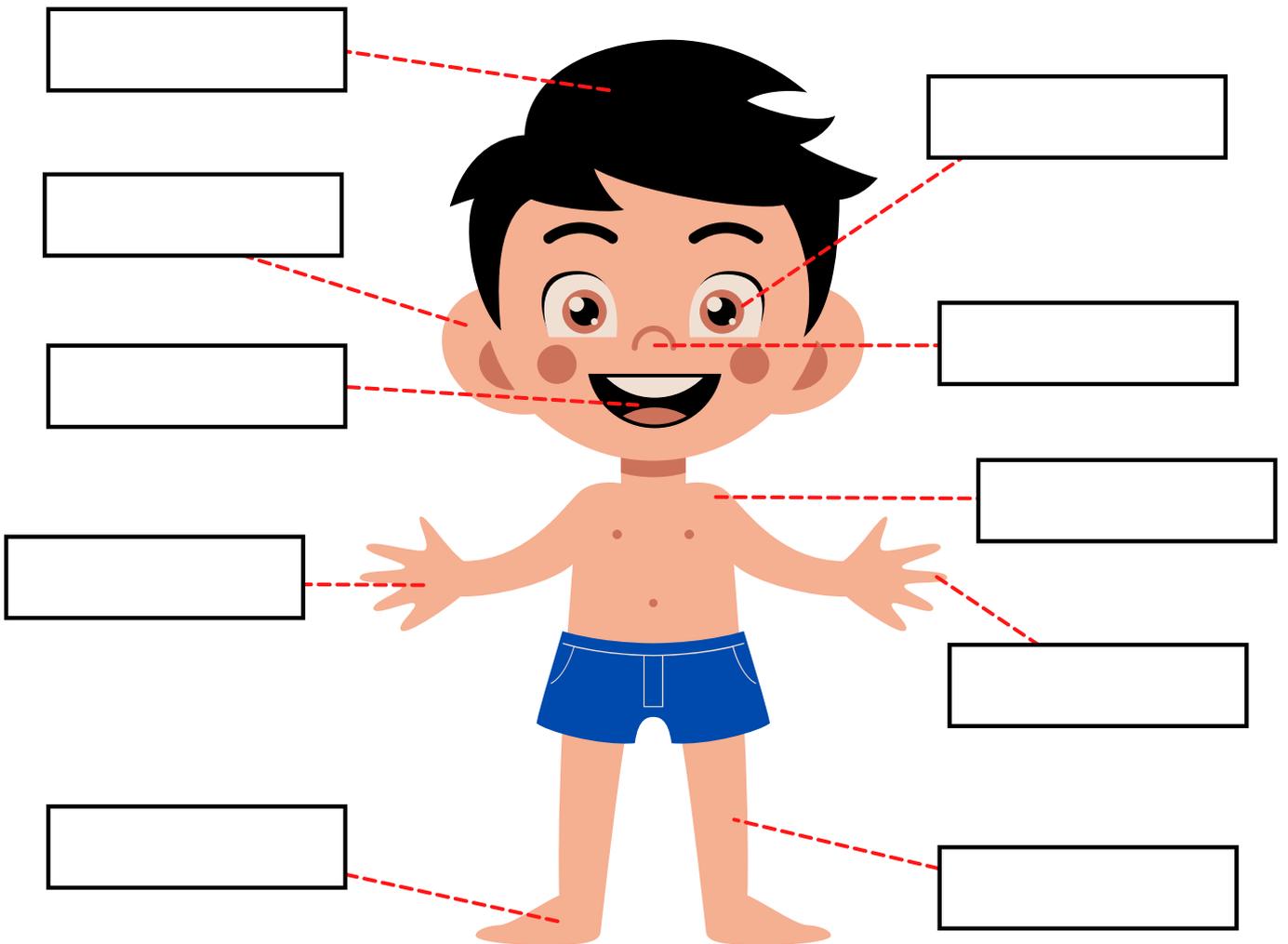


MY BODY

Choose the correct answer below.
Write in the box.



hand

mouth

finger

ear

hair

foot

eye

shoulder

knee

nose