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## Record of your Baby's Growth and Development

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Your Child's Name

## Record of Birth

Date of Birth: YY/MM/DD Time

Period of Pregnancy: Weeks / Days

Sex: Male · Female

Blood Type:
Height:
Weight:

Head Circumference: Chest Circumference:

Place of Birth:

Name of the Doctor:
Name of the Midwife:

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Record of \_\_\_\_\_\_'s Height and Weight

YY/MM/DD Height Weight Remarks (Age, Physical Condition, Place, etc.)

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YY/MM/DD Height Weight Remarks (Age, Physical Condition, Place, etc.)

\*References: You can download a form to record height and weight of children with DS from http://www.jdss.or.jp/. You can also download refill pages for each record contained in this handbook.