

# Welcome, Baby

Boy/Girl \_\_\_\_\_ !

Mother \_\_\_\_\_ Room # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Time \_\_\_\_ : \_\_\_\_ am/pm

Weight \_\_\_\_\_ lbs \_\_\_\_\_ oz/ \_\_\_\_\_ gm Length \_\_\_\_\_ cm

Baby's Doctor \_\_\_\_\_

Mother's Doctor \_\_\_\_\_



¡Le damos la bienvenida a tu  
niño/niña, \_\_\_\_\_ !

Mamá \_\_\_\_\_ Habitación nro. \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Hora \_\_\_\_ : \_\_\_\_ am/pm

Peso \_\_\_\_\_ lb \_\_\_\_\_ oz/ \_\_\_\_\_ gm Talla \_\_\_\_\_ cm

Pediatra \_\_\_\_\_

Obstetra \_\_\_\_\_

