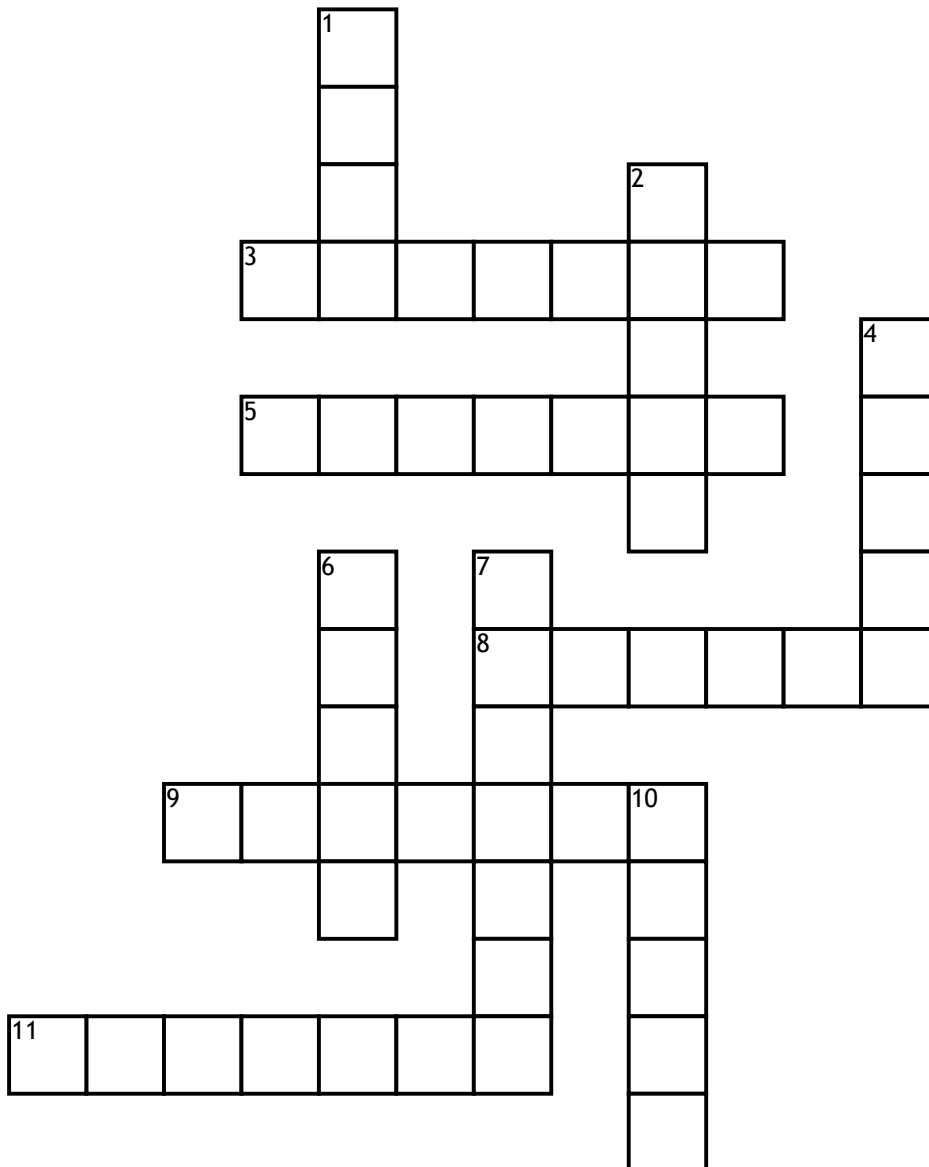


Name: _____

Date: _____

Baby



Across

- 3. D
- 5. s
- 8. s
- 9. D
- 11. D

Down

- 1. D
- 2. D
- 4. s
- 6. d
- 7. Son
- 10. D