Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Directions:** Ask your partner. Write the number in the box.

|  |
| --- |
| How many \_\_\_\_ do you have? |
| sisters | brothers | daughters | sons |
|  |  |  |  |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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