Exhibit 1 – Mother's Worksheet

Mother's Worksheet for Child's Birth

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used by your child throughout his/her life for legal purposes to prove age and citizenship. State law provides protection against unauthorized release of identifying information from the birth certificates to ensure confidentiality of the parents and their child.

Please complete and provide accurate information to all questions. Information on the birth certificate is used by health and medical researchers to study and improve the health of new mothers and newborn infants. Items such as the parent's race, education and smoking will not appear on copies of the birth certificate issued to you or your child.

Furnishing parent(s) Social Security Number(s) (SSNs) is required by Federal Law, 42 USC405(c) (section 205(c) of the Social Security Act). The number(s) will be made available to the Nebraska Department of Health and Human Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance, if necessary.

Mother's Name at Birth? (mother's name on her current birth certificate) First:	Suffix:
Last:	Name at Birth? (mother's name on her current birth certificate) inst:
Mother's Name at Birth? (mother's name on her current birth certificate) First:	Name at Birth? (mother's name on her current birth certificate) rst:
First:	iddle:
Middle:	set:
Last: Suffix: What will be the Child's Name? First: Middle: Suffix: Last: Suffix: Suffix: Mother's Residence (Where do you usually live that is where is your household/residence located)? State, U.S Territory or Canadian Province: City, Town or Location: Street and Number (No rural route or PO Box):	be the Child's Name? rst:
First:	be the Child's Name? rst:
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Ant Number 7 in Code: Incide City Limits? Vec or No (Circle	reet and Number (No rural route or PO Box):
Apt. Number Zip code Inside City Limits: Tes of No (Circle	pt. Number: Zip Code: Inside City Limits? Yes or No (Circle one)
If not in the United States, enter country:	not in the United States, enter country:
If not in the United States, enter country:	not in the United States, enter country:

Mother's Mailing Address (Complete o	nly if diffe	erent than re	sidence)		
State, U.S Territory or Canadian	Province				- 10 10 10
County:		City, To	vn or Location	n:	
Street and Number:					
Apt. Number: Zip C	ode:	o o o			
If not in the United States, enter	country: _				
Mother's Telephone Number: ()_			-	
Mother's Date of Birth: (Example 3-4-1 inknown if the mother's birth information			Day	Year	(Write in
Mother's Birth Place: (In what City and following:	State, U.S	S. territory,	or foreign cou	ntry were you borr	n)? Specify one of the
City:	and	State:	250 210		or
U.S. territory (i.e., Puerto Rico, U.S. Vir	gin Island	s, Guam, Ai	nerican Samo	a or Northern Mari	ianas):
지하다 가게 하다 하다가 아래 나라가 하면 하다 하다 하나 하나 하다 가게 하다 하다 하다 하다 하다.					
	or	Foreign (Country:		
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Did Mother get WIC food for herself during this pregnancy? (Circle one): Yes No Don't know
Mother's Height (In Feet and Inches)
Mother's Pre-Pregnancy Weight (Weight before this pregnancy):pounds
Mother's Cigarette Smoking Before and During Pregnancy. How many cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period.
Three Months before Pregnancy: First Three Months of Pregnancy: Second Three Months of Pregnancy: Third Trimester of Pregnancy:
Was Mother Married at Conception, Birth, or any time in between? (Circle one): Yes No If Yes, go to the Father/Parent Name. If No, please continue with the next question.
If not married, has a paternity acknowledgment been completed for this child? That is, have you and the father signed a form in which the father accepted legal responsibility for the child?
If you are not married, and a paternity acknowledgment has not been completed, information about the father cannot be included on the birth certificate.
Information about the procedures for adding the father's information to the birth certificate after it has been filed can be obtained from the State Vital Statistics Office.
Yes, a paternity acknowledgment has been completed Is consent given to enter the name of the father on the birth certificate? (Circle one): Yes No If yes, Go to the Father/Parent Legal Name. If no, skip to the Social Security Number Permission statement and complete the rest of the form. No, a paternity acknowledgment has not been completed (Skip to the Social Security Number Permission statement and complete the rest of the form)
Father/Parent Legal Name: Social Security Number:
Fust:
Middle:
Last: Suffix:
Father/Parent Name at Birth: Sex of Father/Parent (Circle one): Male Female
First:
Middle:
Last:Suffix:
Father/Parent Date of Birth? (Example: 3-4-1976) Month Day Year (Write in unknown if the father/parent birth information is not known).
Mother's Medical Record Number (hospital use only): Page 3 of 4

City:	4	Ct. L
	and	State: or
U.S. territory (i.e., Puerto Rico, U.S. Virg	gin Island	s, Guam, American Samoa or Northern Marianas):
	or	Foreign Country:
	at best de highest	excludes the father parent will have completed at escribes his education. If he is currently enrolled, check the degree received). Bachelor's degree (e.g. BA, AB, BS) Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
Father/Parent of Hispanic Origin? Is th	e Father	/Parent Spanish/Hispanic/Latino? If not
No, not Spanish/Hispanic/La Yes, Mexican, Mexican Ame Yes, Puerto Rican Yes, Cuban	tino erican, Ch	f Spanish/Hispanic/Latino, check the appropriate box. iicano .g. Spaniard, Salvadoran, Dominican, Colombian)
	her/Pare	nt race? (Please check one or more races to indicate what you
consider yourself to be).		
White Black or African American		Korean Vietnamese
American Indian or Alaska Native (na		Other Asian (specify)
	mie oi	
enrolled or principal tribe)		Native Hawaiian
Asian Indian Chinese		Guamanian or Chamorro Samoan
		Other Pacific Islander (specify)
Filipino Japanese		Other (specify)
		omer (speciny)
a Social Security Number to the child a I, the undersigned, hereby certify that the inf	nd issue <i>ormation</i> .	ty Administration (SSA) information from this form to assign a SSA card? (Circle one) Yes No I have supplied is a true and correct representation of the facts to the Revised State Statute 71-649.
best of my knowledge as in accordance with l		Relation to Child:
best of my knowledge as in accordance with l Informant Name:		Relation to Child: