



# ORANGE COUNTY HEALTH DEPARTMENT

832 WEST CENTRAL BOULEVARD • POSTOFFICE BOX 3187 • TEL: 420-3335 • ORLANDO, FLORIDA 32802

State of Florida  
Department of Health and Rehabilitative Services  
VITAL STATISTICS

## CERTIFICATE OF LIVE BIRTH FLORIDA

BIRTH NO. 109-  
LOCAL FILE NO. 80: 8876

CHILD—NAME			SEX	DATE OF BIRTH (Mo., Day, Yr.)	HOUR	
1.	Therese	Anne	Corcoran	Female	November 29, 1980	2:07a
HOSPITAL—NAME (If not in hospital, give street and number)			CITY, TOWN OR LOCATION OF BIRTH		COUNTY OF BIRTH	
4a. ORMC-Orange Memorial Division			4b. Orlando		4c. Orange	
I certify that the stated information concerning this child is true to the best of my knowledge and belief.			DATE SIGNED (Mo., Day, Yr.)	NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)		
5a. (Signature) Addie L. Johnson			5b. Dec. 2, 1980	5c. Tomas Horna, M.D.		
CERTIFIER—NAME AND TITLE (Type or print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
5d. Addie L. Johnson, Birth Cert. Clerk			5e. 1416 S. Orange Avenue, Orlando, Fla. 32806			
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
6a. (Signature) E. M. Laby			6b. DEC 3 1980			
MOTHER—MAIDEN NAME			AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)		
7a. Sandra Anne Bedford			7b. 31	7c. Maine		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER OF RESIDENCE		
8a. Florida	8b. Orange	8c. Orlando		8d. 1716 White Avenue		
MOTHER'S MAILING ADDRESS—(If same as above, enter Zip Code only)						
9. 32806						
FATHER—NAME			AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)		
10a. Henry James Corcoran			10b. 30	10c. Illinois		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.						
11. (Signature of Parent) Sandra A. Corcoran						

**CERTIFIED COPY**

I hereby certify the above to be a true and correct copy of the Local Registrar's record on file in the Orange County Health Department, Orlando, Florida.

*John F. Mc Garry*  
County Health Director and Local Registrar

**JUL 29 1983**  
Date Issued

*Linda K. Osborne*  
Chief Deputy Registrar

**WARNING: Not valid unless raised seal of the Orange County Health Department is affixed.**

**CERTIFICATION OF VITAL RECORD**

**STATE OF MAINE**

FORM A (1949 Revision of Standard Certificate)  
**CERTIFICATE OF LIVE BIRTH**

164 STATE OF MAINE

1. PLACE OF BIRTH a. COUNTY Androscoggin		2. USUAL RESIDENCE OF MOTHER (where does mother live?) a. HOUSE ADDRESS 131 Summer St.	
b. TOWN Lewiston		P. O. STATE	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's General Hospital		b. LEGAL RESIDENCE Lewiston, Androscoggin, Maine	
3. CHILD'S NAME (Type or print)		c. (Last) Bedford	
a. (First) Sandra		b. (Middle) Anne	
4. SEX F	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH March 15, 1949
<b>FATHER OF CHILD</b>			
7. FULL NAME a. (First) Earl		b. (Middle) Henry	
c. (Last) Bedford, Jr.		8. COLOR OR RACE white	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (Town & State or foreign country) Brunswick, Maine	11a. USUAL OCCUPATION Unemployed at present	11b. KIND OF BUSINESS OR INDUSTRY
<b>MOTHER OF CHILD</b>			
12. FULL MAIDEN NAME a. (First) Therese		b. (Middle) Lorette	
c. (Last) Domingue		13. COLOR OR RACE white	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (Town & State or foreign country) Canada	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. MOTHER'S SIGNATURE: RECORD APPROVED <i>Mrs. Therese Bedford</i>		a. How many OTHER children are now living? 1	b. How many OTHER children were born alive but are now dead? 0
18a. SIGNATURE <i>Edwin Kay M.D.</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> OTHER (Specify)	
18c. ADDRESS 31 Trump St. Lewiston		18d. DATE SIGNED 3/22/49	
19. DATE REC'D BY LOCAL REG. APR 5 1949	20. REGISTRAR'S SIGNATURE <i>Lucian Lebel</i>		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

TOWN OF: **LEWISTON**

DATE ISSUED: **NOV 16 2007**

ATTEST: *Kathleen M. Montejo*  
Kathleen M. Montejo

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

VS-31 R0606 This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.





PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

## UNABRIDGED BIRTH CERTIFICATE

CHILD: IDENTITY NUMBER: 8307085104082

SURNAME: HANEKOM  
FORENAME: JACO JOHANNES

GENDER: MALE  
DATE OF BIRTH: 08-07-1983  
PLACE OF BIRTH: OUDSTHOORN  
COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER: 4005065112083

SURNAME: HANEKOM  
FORENAME: WILLEM JOHANNES

DATE OF BIRTH: 06-05-1940  
PLACE OF BIRTH: STELLENBOSCH  
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER:

MAIDEN NAME: SULLIVAN  
FORENAME: ANNE MARIA

DATE OF BIRTH: 11-06-1949  
PLACE OF BIRTH: CORK  
COUNTRY OF BIRTH: IRELAND

UNITED STATES OF AMERICA  
PERMANENT RESIDENT

HANEKOM JACO DA JUL



Surname  
**HANEKOM**

Given Name  
**JACO J**

Country of Birth  
**South Africa**

USCIS#  
**215-603-539**

Date of Birth  
**08 JUL 1983**

Card Expires: **09/12/25**

Category  
**CF1**

Sex  
**M**

Resident Since:  
**09/12/23**



**ADULTS:** Sign this card in ink immediately.

**CHILDREN:** Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.

**DO NOT CARRY THIS CARD WITH YOU.**

Do not laminate.

UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

# SOCIAL SECURITY

716-02-4586

THIS NUMBER HAS BEEN ESTABLISHED FOR

**JACO HANEKOM**

SIGNATURE \_\_\_\_\_

**09/12/2023**

USA

UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA