

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11445

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                          |                                                                                                                                                                          |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. Dokumentkode<br>Document Code<br><input type="text" value="ANIM"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                  | 3. Dokument Tipe<br>Document Type<br><input checked="" type="checkbox"/>                                                                                                                                                                 | 4. Doel<br>Purpose<br><input type="checkbox"/> M <input checked="" type="checkbox"/> B <input type="checkbox"/> D<br>Milk Beef Dual                                      | 5. NVR<br>NFR<br><input type="checkbox"/> Y                     |
| 6. Deelnemerskode<br>Participant Code<br><input type="text" value="404347"/> <input type="text" value="SSX"/>                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7. Geslag<br>Sex<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F<br>Male Female                                                                                                                                                                                                  | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/> R                                                                                                                                                                  | 9. Dier Raskode<br>Animal Breed Code<br><input type="text" value="SSX"/>                                                                                                 |                                                                 |
| 10. Dier ID<br>Animal ID<br><input type="text" value="SSX"/> <input type="text" value="4"/> <input type="text" value="CC"/> <input type="text" value="23"/> <input type="text" value="97"/> <input type="text" value="R"/>                                                                                                                                                                                                                                                                                                                             | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                           |                                                                                                                                                                                                                                          | Voervoegsel:<br>Prefix: <input type="text" value="ADVOCATE"/>                                                                                                            |                                                                 |
| 12. Naam<br>Name<br><input type="text" value="KLAKS"/> <input type="text" value="102"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13. Sub ID Metode<br>Sub ID Method<br><input type="text" value="1"/> <input type="text" value="2"/> <input checked="" type="checkbox"/> 3 <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> |                                                                                                                                                                                                                                          |                                                                                                                                                                          |                                                                 |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><input type="text" value="2397"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15. Dek Besonderheide<br>Service<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3<br>Nat AI Implant                                                                                                                                                    | 16. Geboortedatum<br>Birth Date<br><input type="text" value="01"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br>D D M M C C Y Y                                                    |                                                                                                                                                                          |                                                                 |
| 17. Geboortegewig<br>Birth Weight<br><input type="text" value="40"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 18. Geboorteweegdatum<br>Birth Weight Date<br><input type="text" value="03"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br>D D M M C C Y Y                                                                                                     | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> N                                                                                                                                                                      | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>Year Season Group | 21. Moeder Gewig<br>Dam Weight<br><input type="text" value=""/> |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>D D M M C C Y Y                                                                                                                                                                                                                                           | 23. Betroubaar<br>Reliable<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                       | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3<br>Single Twin Triplet                                                                                    | 25. Geslag van Tweeling<br>Sex of Twin<br><input type="checkbox"/> M <input checked="" type="checkbox"/> F<br>Male Female                                                |                                                                 |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Ca-P Mixed No lick Concern Other lick Pastures                                                                                                                                                                                                                                                                      | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Alive Abort <7m Abort >7m Still Born Died Birth Destroyed                          | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br>Normal Little Serious Compasish Cut Out |                                                                                                                                                                          |                                                                 |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14<br>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White White Broken |                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                          |                                                                                                                                                                          |                                                                 |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| MOEDER<br>BESONDERHEDE<br>DAM DETAILS                                                                                                                                                                                        | 39. Rek. nommer<br>Comp. number<br><input type="text" value="0076257013"/> |
| 41. ID nommer<br>ID number<br><input type="text" value="SSX"/> <input type="text" value="A"/> <input type="text" value="CC"/> <input type="text" value="12"/> <input type="text" value="46"/> <input type="text" value="R"/> |                                                                            |

|                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 44. Datum Ontvang<br>Date Received<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>D D M M C C Y Y |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                  |                                                                                                       |
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| VAAR<br>BESONDERHEDE<br>SIRE DETAILS                                                                                                                                                                                                                                                                             | 40. Rek. nommer<br>Comp. number<br><input type="text" value="0088898143"/>                            |
| 42. ID nommer<br>ID number<br><input type="text" value="SSX"/> <input type="text" value="4"/> <input type="text" value="CC"/> <input type="text" value="19"/> <input type="text" value="17"/> <input type="text" value="R"/>                                                                                     |                                                                                                       |
| 43. Semen<br>Semen<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>Year Year Year Year Year Year Year Year |                                                                                                       |
| 45. Veelvuldige Vaars<br>Multiple Sires<br><input type="checkbox"/> Y                                                                                                                                                                                                                                            | 46. Laagste Afdeling<br>Lowest Section<br><input type="text" value=""/> <input type="text" value=""/> |

Naam van Teler:  
Name of Breeder:

Ek sertifiseer dat bovermelde teelbesonderheide korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

Voltooi deur:  
Completed by:

Datum:  
Date:

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11446

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                                         |                                                                 |
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| 1. Dokumentkode<br>Document Code<br><input type="text" value="ANIM"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                     | 3. Dokument Tipe<br>Document Type<br><input type="checkbox"/>                                                                                                                                                                | 4. Doel<br>Purpose<br><input type="checkbox"/> M <input checked="" type="checkbox"/> B <input type="checkbox"/> D<br><small>Milk Beef Dual</small>                                      | 5. NVR<br>NFR<br><input type="checkbox"/> Y                     |
| 6. Deelnemerskode<br>Participant Code<br><input type="text" value="404347"/> <input type="text" value="SSX"/>                                                                                                                                                                                                                                                                                                                                                                                                                              | 7. Geslag<br>Sex<br><input type="checkbox"/> M <input checked="" type="checkbox"/> F<br><small>Male Female</small>                                                                                                                                                                                      | 8. Geregistreerd<br>Registered<br><input type="checkbox"/> R                                                                                                                                                                 | 9. Dier Raskode<br>Animal Breed Code<br><input type="text" value="SSX"/>                                                                                                                |                                                                 |
| 10. Dier ID<br>Animal ID<br><input type="text" value="SSX"/> <input type="text" value="F"/> <input type="text" value="CC"/> <input type="text" value="23"/> <input type="text" value="98"/> <input type="text" value="R"/>                                                                                                                                                                                                                                                                                                                 | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8<br><small>Tail Ear Tag Dflag Col Brnd Phot Elec</small> |                                                                                                                                                                                                                              | Voervoegsel:<br>Prefix: <input type="text" value="ADVOCATE"/>                                                                                                                           |                                                                 |
| 12. Naam<br>Name<br><input type="text" value="ORIBI"/> <input type="text" value="140"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 13. Sub ID Metode<br>Sub ID Method<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8<br><small>Tail Ear Tag Dflag Col Brnd Phot Elec</small>   |                                                                                                                                                                                                                              |                                                                                                                                                                                         |                                                                 |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><input type="text" value="2398"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3<br><small>Nat AI Implant</small>                                                                                                                                                                    | 16. Geboortedatum<br>Birth Date<br><input type="text" value="01092023"/> <small>D D M M C C Y Y</small>                                                                                                                      |                                                                                                                                                                                         |                                                                 |
| 17. Geboortegewig<br>Birth Weight<br><input type="text" value="40"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 18. Geboorteweegdatum<br>Birth Weight Date<br><input type="text" value="02092023"/> <small>D D M M C C Y Y</small>                                                                                                                                                                                      | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> N                                                                                                                                                          | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br><small>Year Season Group</small> | 21. Moeder Gewig<br>Dam Weight<br><input type="text" value=""/> |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><input type="text" value=""/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 23. Betroubaar<br>Reliable<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                          | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3<br><small>Single Twin Triplet</small>                                                                                    | 25. Geslag van Tweeling<br>Sex of Twin<br><input type="checkbox"/> M <input checked="" type="checkbox"/> F<br><small>Male Female</small>                                                |                                                                 |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br><small>Ca-P Mixed No lick Concern Other lick Pastures</small>                                                                                                                                                                                                                                                                      | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br><small>Alive Abort &lt;7m Abort &gt;7m Still Born Died Birth Destroyed</small>                                   | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br><small>Normal Little Serious Caesarian Cut Out</small> |                                                                                                                                                                                         |                                                                 |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14<br><small>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White Whole Broken</small> |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                                         |                                                                 |

MOEDER  
BESONDERHEDE  
DAM DETAILS

39. Rek. nommer  
Comp. number

41. ID nommer  
ID number

44. Datum Ontvang  
Date Received

VAAR  
BESONDERHEDE  
SIRE DETAILS

40. Rek. nommer  
Comp. number

42. ID nommer  
ID number

43. Semen  
Semen

45. Veelvuldige Vaars  
Multiple Sires  
☐ Y

46. Laagste Afdeling  
Lowest Section

Verrekenings Form - 051 5221502

Naam van Teler:  
Name of Breeder: C.B. Cicié

Eik sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder: [Signature]

Voltooi deur:  
Completed by: C.B. Cicié

Datum:  
Date: 13/09/2022

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11447

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| 1. Dokumentkode<br>Document Code<br><input type="text" value="ANIM"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                             | 3. Dokument Tipe<br>Document Type<br><input type="checkbox"/>                                                                                                                                                                                                                                                | 4. Doel<br>Purpose<br><input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> B <input type="checkbox"/> D<br>M/R Seed Dual                                                                                                    | 5. NVR<br>NFR<br><input type="text" value="Y"/>                                                                                                                                                               |
| 6. Deelnemerskode<br>Participant Code<br><input type="text" value="404347"/> <input type="text" value="SSX"/>                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Geslag<br>Sex<br><input type="checkbox"/> M <input checked="" type="checkbox"/> F<br>Male Female                                                                                                                                                                                                             | 8. Geregistreerd<br>Registered<br><input type="checkbox"/>                                                                                                                                                                                                                                                   | 9. Dier Raskode<br>Animal Breed Code<br><input type="text" value="SSX"/>                                                                                                                                                                         |                                                                                                                                                                                                               |
| 10. Dier ID<br>Animal ID<br><input type="text" value="SSX"/> <input type="text" value="F"/> <input type="text" value="C"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="9"/> <input checked="" type="checkbox"/> R<br>Breed Sex HDM Year Seq Reg                                                                                                                                                                   | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8<br>Nat Ear Tag Dtag Col Brnd Phot Elec                          | Voorgevoegsel:<br>Prefix: <u>ADVOLATE</u>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               |
| 12. Naam<br>Name<br><input type="text" value="CATHLEEN"/> <input type="text" value="128"/>                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13. Sub ID Metode<br>Sub ID Method<br><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8<br>Tel Ear Tag Dtag Col Brnd Phot Elec | 14. Eienaar Dier nr.<br>Farmers Animal no.<br><input type="text" value="2399"/>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               |
| 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3<br>Nat AI Implant                                                                                                                                                                                                                                                                                                                                                                                                       | 16. Geboortedatum<br>Birth Date<br><input type="text" value="01"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br>D D M M C C Y Y                                                                                                                           | 17. Geboortegewig<br>Birth Weight<br><input type="text" value="40"/>                                                                                                                                                                                                                                         | 18. Geboorteweegdatum<br>Birth Weight Date<br><input type="text" value="02"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br>D D M M C C Y Y                                                 | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> N                                                                                                                                           |
| 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>                                                                                                                                                                                                                                                                                                                                                                         | 21. Moeder Gewig<br>Dam Weight<br><input type="text" value=""/>                                                                                                                                                                                                                                                 | 22. Moeder Weegdatum<br>Dam Weigh Date<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>D D M M C C Y Y | 23. Betroubaar<br>Reliable<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                   | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3<br>Single Twin Triplet                                                                                    |
| 25. Geslag van Tweeling<br>Sex of Twin<br><input type="checkbox"/> M <input checked="" type="checkbox"/> F<br>Male Female                                                                                                                                                                                                                                                                                                                                                                                                   | 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Co-P Mixed No lick Concern Other lick Pastures                                                          | 27. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Alive Abort <7m Abort >7m Still Born Died Birth Destroyed                                                             | 28. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Alive Abort <7m Abort >7m Still Born Died Birth Destroyed | 29. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br>Normal Little Serious Caesarian Cut Out |
| 30. Kleur<br>Colour<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14<br>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White Whole Broken | 31. Rek. nommer<br>Comp. number<br><input type="text" value="0082372905"/>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               |

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| MOEDER<br>BESONDERHEDE<br>DAM DETAILS                                                                                                                                                                                                                                                                                                                       | 39. Rek. nommer<br>Comp. number<br><input type="text" value="0082372905"/> |
| 41. ID nommer<br>ID number<br><input type="text" value="SSX"/> <input type="text" value="F"/> <input type="text" value="C"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="9"/> <input checked="" type="checkbox"/> R<br>Breed Sex HDM Year Seq Reg |                                                                            |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                          |
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| VAAR<br>BESONDERHEDE<br>SIRE DETAILS                                                                                                                                                                                                                                                                                                                        | 40. Rek. nommer<br>Comp. number<br><input type="text" value="0087391934"/>                                                                                                                                                                                                                               |
| 42. ID nommer<br>ID number<br><input type="text" value="SSX"/> <input type="text" value="M"/> <input type="text" value="C"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="9"/> <input checked="" type="checkbox"/> R<br>Breed Sex HDM Year Seq Reg |                                                                                                                                                                                                                                                                                                          |
| 43. Semen<br>Semen<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>                                                                                                                                                                                                               | 44. Datum Ontvang<br>Date Received<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>D D M M C C Y Y |
| 45. Veelvuldige Vaars<br>Multiple Sires<br><input type="text" value="Y"/>                                                                                                                                                                                                                                                                                   | 46. Laagste Afdeling<br>Lowest Section<br><input type="text" value=""/> <input type="text" value=""/>                                                                                                                                                                                                    |

Vermeulen Forms • ☎ (051) 5221502

Naam van Teler:  
Name of Breeder:

C. B. Cicié

Voltooi deur:  
Completed by:

C. B. Cicié

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the above-mentioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

*[Signature]*

Datum:  
Date:

13/09/2023

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11448

|                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                      |                                                                                                                                                     |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. Dokumentkode<br>Document Code<br><input type="text" value="ANIM"/>                                                                                                                                                                                                                     | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                      | 3. Dokument Tipe<br>Document Type<br><input checked="" type="checkbox"/>                                                                                                                             | 4. Doel<br>Purpose<br><input type="checkbox"/> M <input checked="" type="checkbox"/> B <input type="checkbox"/> D<br><small>Milk Beef Dual</small>  | 5. NVR<br>NFR<br><input type="text" value="Y"/>                 |
| 6. Deelnemerskode<br>Participant Code<br><input type="text" value="404347"/> <input type="text" value="SSX"/>                                                                                                                                                                             | 7. Geslag<br>Sex<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F<br><small>Male Female</small>                                                                                                                                                                                       | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/>                                                                                                                                | 9. Dier Raskode<br>Animal Breed Code<br><input type="text" value="SSX"/>                                                                            |                                                                 |
| 10. Dier ID<br>Animal ID<br><input type="text" value="SSX"/> <input type="text" value="47"/> <input type="text" value="44"/> <input type="text" value="23"/> <input type="text" value="100"/> <input type="text" value="R"/>                                                              | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 2 3 4 5 6 7 8                                                                                                                                                                                                                |                                                                                                                                                                                                      | Voorvoegsel:<br>Prefix: <input type="text" value="ADVOCATE"/>                                                                                       |                                                                 |
| 12. Naam<br>Name<br><input type="text" value="KLAKS"/> <input type="text" value="103"/>                                                                                                                                                                                                   | 13. Sub ID Metode<br>Sub ID Method<br><input type="text" value="1"/> <input checked="" type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> |                                                                                                                                                                                                      |                                                                                                                                                     |                                                                 |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><input type="text" value="23"/> <input type="text" value="100"/>                                                                                                                                                                            | 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> 2 3<br><small>Nat AI Implant</small>                                                                                                                                                                                              | 16. Geboortedatum<br>Birth Date<br><input type="text" value="07"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br><small>D D M M C C Y Y</small> |                                                                                                                                                     |                                                                 |
| 17. Geboortegewig<br>Birth Weight<br><input type="text" value="40"/>                                                                                                                                                                                                                      | 18. Geboorteweegdatum<br>Birth Weight Date<br><input type="text" value="08"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br><small>D D M M C C Y Y</small>                                                                                          | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> N                                                                                                                                  | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 21. Moeder Gewig<br>Dam Weight<br><input type="text" value=""/> |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 23. Betroubaar<br>Reliable<br><input type="text" value="Y"/> <input type="text" value="N"/>                                                                                                                                                                                                              | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 2 3<br><small>Single Twin Triplet</small>                                                                                     | 25. Geslag van Tweeling<br>Sex of Twin<br><input type="text" value="M"/> <input type="text" value="F"/><br><small>Male Female</small>               |                                                                 |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> 2 3 4 5 6<br><small>Ca-P Mixed No lck. Concern Other lck. Pastures</small>                                                                                                                         | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 2 3 4 5 6<br><small>Alive Abort &lt;7m Abort &gt;7m Still Born Died Birth Destroyed</small>                                                                                                                                        | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 2 3 4 5<br><small>Normal Little Serious Caesarian Cut Out</small>                                                    |                                                                                                                                                     |                                                                 |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> 2 3 4 5 6 7 8 9 10 11 12 13 14<br><small>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White White Broken</small>                                                            |                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                      |                                                                                                                                                     |                                                                 |

**MOEDER  
BESONDERHEDE  
DAM DETAILS**

39. Rek. nommer  
Comp. number

41. ID nommer  
ID number  
     ☒

44. Datum Ontvang  
Date Received

**VAAR  
BESONDERHEDE  
SIRE DETAILS**

40. Rek. nommer  
Comp. number

42. ID nommer  
ID number  
     ☒

43. Semen  
Semen

45. Veelvuldige Vaars  
Multiple Sires

46. Laagste Afdeling  
Lowest Section

Vermeulen Forms • 051 5221502

Naam van Teler:  
Name of Breeder: C. B. Cick

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the above mentioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder: [Signature]

Voltooi deur:  
Completed by: C. B. Cick

Datum:  
Date: 13/9/2023

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11449

|                                                                                                                                                                                                                 |                                                                                                                                                  |                                                                                                                                    |                                                                                                                           |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Dokumentkode<br>Document Code<br><b>ANIM</b>                                                                                                                                                                 | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/>                                                                              | 3. Dokument Tipe<br>Document Type<br><input checked="" type="checkbox"/>                                                           | 4. Doel<br>Purpose<br>M <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> D<br>Milk / Bred / Dual | 5. NVR<br>NFR<br><b>Y</b>      |
| 6. Deelnemerskode<br>Participant Code<br><b>404347</b>                                                                                                                                                          | 7. Geslag<br>Sex<br>M <input checked="" type="checkbox"/> F<br>Male Female                                                                       | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/>                                                              | 9. Dier Raskode<br>Animal Breed Code<br><b>SSX</b>                                                                        |                                |
| 10. Dier ID<br>Animal ID<br><b>SSX F C4</b>                                                                                                                                                                     | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 2 3 4 5 6 7 8                                                        | Voorvoegsel:<br>Prefix: <b>ADVOCATE</b>                                                                                            |                                                                                                                           |                                |
| 12. Naam<br>Name<br><b>TEAR DROP 70</b>                                                                                                                                                                         | 13. Sub ID Metode<br>Sub ID Method<br>1 2 <input checked="" type="checkbox"/> 4 5 6 7 8                                                          |                                                                                                                                    |                                                                                                                           |                                |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><b>23101</b>                                                                                                                                                      | 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> 2 3<br>Nat. AI Implant                                                    | 16. Geboortedatum<br>Birth Date<br><b>07092023</b><br>D D M M C C Y Y                                                              |                                                                                                                           |                                |
| 17. Geboortegewig<br>Birth Weight<br><b>40</b>                                                                                                                                                                  | 18. Geboorteweegdatum<br>Birth Weight Date<br><b>08092023</b><br>D D M M C C Y Y                                                                 | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> N                                                                | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br>Year Season Group                                               | 21. Moeder Gewig<br>Dam Weight |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br>D D M M C C Y Y                                                                                                                                                       | 23. Betroubaar<br>Reliable<br>Y <input checked="" type="checkbox"/> N                                                                            | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 2 3<br>Single Twin Triplet                                  | 25. Geslag van Tweeling<br>Sex of Twin<br>M <input checked="" type="checkbox"/> F<br>Male Female                          |                                |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> Ca P 2 3 4 5 6<br>Ca P Mixed No lick Concern Other lick Pastures                                                         | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 2 3 4 5 6<br>Alive Aborted <7m Aborted >7m Still Born Died Birth Destroyed | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 2 3 4 5<br>Normal Little Serious Caesarian Cut Out |                                                                                                                           |                                |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> 2 3 4 5 6 7 8 9 10 11 12 13 14<br>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White Whole Broken |                                                                                                                                                  |                                                                                                                                    |                                                                                                                           |                                |

**MOEDER  
BESONDERHEDE  
DAM DETAILS**

39. Rek. nommer  
Comp. number  
**0085573947**

41. ID nommer  
ID number  
**SSX F C4**

44. Datum Ontvang  
Date Received  
D D M M C C Y Y

**VAAR  
BESONDERHEDE  
SIRE DETAILS**

40. Rek. nommer  
Comp. number  
**0088898143**

42. ID nommer  
ID number  
**SSX M C4**

43. Semen  
Semen  
Year Season

45. Veelvuldige Vaars  
Multiple Sires  
**Y**

46. Laagste Afdeling  
Lowest Section  
D D

Vermeulen Forms • (051) 5221502

Naam van Teler:  
Name of Breeder: **C.B. Cicié**

Voltooi deur:  
Completed by: **C.B. Cicié**

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the above mentioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder: **[Signature]**

Datum:  
Date: **13/9/2023**

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11450

|                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                           |                                                                                                                                    |                                                                                                                                                     |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. Dokumentkode<br>Document Code<br><input type="text" value="ANIM"/>                                                                                                                                                             | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/>                                                                                                                                                                                                       | 3. Dokument Tipe<br>Document Type<br><input checked="" type="checkbox"/>                                                           | 4. Doel<br>Purpose<br><input type="checkbox"/> Milk <input checked="" type="checkbox"/> Beef <input type="checkbox"/> Dual                          | 5. NVR<br>NFR<br><input type="text" value="Y"/>                 |
| 6. Deelnemerskode<br>Participant Code<br><input type="text" value="404347"/> <input type="text" value="SSX"/>                                                                                                                     | 7. Geslag<br>Sex<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F<br>Male Female                                                                                                                                                                       | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/>                                                              | 9. Dier Raskode<br>Animal Breed Code<br><input type="text" value="SSX"/>                                                                            |                                                                 |
| 10. Dier ID<br>Animal ID<br><input type="text" value="SSX"/> <input type="text" value="41"/> <input type="text" value="CC"/> <input type="text" value="23"/> <input type="text" value="102"/> <input checked="" type="checkbox"/> | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 2 3 4 5 6 7 8                                                                                                                                                                                 |                                                                                                                                    | Voervoegsel:<br>Prefix: <input type="text" value="ADVOCATE"/>                                                                                       |                                                                 |
| 12. Naam<br>Name<br><input type="text" value="GOLIAT"/> <input type="text" value="589"/>                                                                                                                                          | 13. Sub ID Metode<br>Sub ID Method<br><input type="text" value="1"/> <input checked="" type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> |                                                                                                                                    |                                                                                                                                                     |                                                                 |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><input type="text" value="23102"/>                                                                                                                                                  | 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> 2 3<br>Nat AI Implant                                                                                                                                                                              | 16. Geboortedatum<br>Birth Date<br><input type="text" value="09092023"/> <input type="text" value="09092023"/>                     |                                                                                                                                                     |                                                                 |
| 17. Geboortegewig<br>Birth Weight<br><input type="text" value="40"/>                                                                                                                                                              | 18. Geboorteweegdatum<br>Birth Weight Date<br><input type="text" value="11092023"/>                                                                                                                                                                                       | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> N                                                                | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 21. Moeder Gewig<br>Dam Weight<br><input type="text" value=""/> |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><input type="text" value=""/>                                                                                                                                                           | 23. Betroubaar<br>Reliable<br><input type="text" value="Y"/> <input type="text" value="N"/>                                                                                                                                                                               | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 2 3<br>Single Twin Triplet                                  | 25. Geslag van Tweeling<br>Sex of Twin<br><input type="text" value="M"/> <input type="text" value="F"/><br>Male Female                              |                                                                 |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> 2 3 4 5 6<br>Ck-P Mixed No lck Concern Other lck Pastures                                                                                  | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 2 3 4 5 6<br>Alive Abort <7m About >7m Still Born Died Birth Destroyed                                                                                                                              | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 2 3 4 5<br>Normal Little Serious Caesarian Cut Out |                                                                                                                                                     |                                                                 |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> 2 3 4 5 6 7 8 9 10 11 12 13 14<br>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White Whole Broken                   |                                                                                                                                                                                                                                                                           |                                                                                                                                    |                                                                                                                                                     |                                                                 |

**MOEDER  
BESONDERHEDE  
DAM DETAILS**

39. Rek. nommer  
Comp. number

41. ID nommer  
ID number  
     ☒

44. Datum Ontvang  
Date Received

**VAAR  
BESONDERHEDE  
SIRE DETAILS**

40. Rek. nommer  
Comp. number

42. ID nommer  
ID number  
     ☒

43. Semen  
Semen

45. Veelvuldige Vaars  
Multiple Sires

46. Laagste Afdeling  
Lowest Section

Verreken Forms - 051 5221502

Naam van Teler:  
Name of Breeder:

*C B Clure*

Voltooi deur:  
Completed by:

*C B Clure*

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:

Signature of breeder / representative of breeder:

*[Signature]*

Datum:  
Date:

*13/8/2023*

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11601

1. Dokumentkode  
Document Code

ANIM

2. Aksie Tipe  
Action Type

☒

3. Dokument Tipe  
Document Type

☒

4. Doel  
Purpose

M ☒ D  
MEX Beef Duit

5. NVR  
NFR

Y

6. Deelnemerskode  
Participant Code

404347 SSX

7. Geslag  
Sex

M ☒ F  
Male Female

8. Geregistreerd  
Registered

☒

9. Dier Raskode  
Animal Breed Code

SSX

10. Dier ID  
Animal ID

SSX 4/ CC 23 103 ☒

11. Hoof ID Metode  
Main ID Method

Y 2 3 4 5 6 7 8

Voorvoegsel:  
Prefix:

ADVOCATE

12. Naam  
Name

DIAMOND 388

13. Sub ID Metode  
Sub ID Method

1 2 ☒ 4 5 6 7 8

14. Eienaar Dier nr.  
Farmers Animal no.

23 103

15. Dek Besonderhede  
Service

☒ 2 3  
Nat. AI Implant

16. Geboortedatum  
Birth Date

09092023

17. Geboortegewig  
Birth Weight

40

18. Geboorteweegdatum  
Birth Weight Date

11092023

19. Betroubaar  
Reliable

☒ N

20. Geboortegewig Groepkode  
Birth Weight Group Code

Year Season Group

21. Moeder Gewig  
Dam Weight

22. Moeder Weegdatum  
Dam Weigh Date

23. Betroubaar  
Reliable

Y N

24. Geb. Status  
Birth Status

☒ 2 3  
Single Twin Triplet

25. Geslag van Tweeling  
Sex of Twin

M F  
Male Female

26. Moeder Voeding Status  
Dam Feeding Status

☒ 2 3 4 5 6  
Ca-P Mixed No lick Concern Other lick Pastures

30. Kalf Status  
Calf Status

☒ 2 3 4 5 6  
Alive Abort <7m Abort >7m Still Born Died Birth Destroyed

31. Gemak van Kalwing  
Ease of Calving

☒ 2 3 4 5  
Normal Little Serious Cessation Cut Out

38. Kleur  
Colour

☒ 2 3 4 5 6 7 8 9 10 11 12 13 14  
Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White Whole Broken

MOEDER  
BESONDERHEDE  
DAM DETAILS

39. Rek. nummer  
Comp. number

0088229984

41. ID nummer  
ID number

SSX F CC 18 90 ☒

44. Datum Ontvang  
Date Received

VAAR  
BESONDERHEDE  
SIRE DETAILS

40. Rek. nummer  
Comp. number

0088898416

42. ID nummer  
ID number

SSX 4/ CC 19 48 ☒

43. Semen  
Semen

45. Veelvuldige Vaars  
Multiple Sires

Y

46. Laagste Afdeling  
Lowest Section

Verreken Forms • (051) 5221502

Naam van Teler:  
Name of Breeder:

C.B. Louie

Voltooi deur:  
Completed by:

C.B. Louie

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

Datum:  
Date:

13/9/2023

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11602

1. Dokumentkode  
Document Code

ANIM

2. Aksie Tipe  
Action Type

☒

3. Dokument Tipe  
Document Type

☒

4. Doel  
Purpose

M ☒ B ☒ D  
MR Breed Dual

5. NVR  
NFR

Y

6. Deelnemerskode  
Participant Code

404347 SSX

7. Geslag  
Sex

☒ F  
Male Female

8. Geregistreerd  
Registered

☒

9. Dier Raskode  
Animal Breed Code

SSX

10. Dier ID  
Animal ID

SSX 4/CC 23 104 R  
Breed Sex HDM Year Seq Reg

11. Hoof ID Metode  
Main ID Method

☒ 2 3 4 5 6 7 8  
Tel Ear Tag Dtag Col Brnd Phot Elec

Voorvoegsel:  
Prefix: ADVOCATE

12. Naam  
Name

DIANORND 39

13. Sub ID Metode  
Sub ID Method

1 2 ☒ 4 5 6 7 8  
Tel Ear Tag Dtag Col Brnd Phot Elec

14. Eienaar Dier nr.  
Farmers Animal no.

23 104

15. Dek Besonderhede  
Service

☒ 2 3  
Nat AI Implant

16. Geboortedatum  
Birth Date

09 09 20 23  
D D M M C C Y Y

17. Geboortegewig  
Birth Weight

40

18. Geboorteweegdatum  
Birth Weight Date

11 09 20 23  
D D M M C C Y Y

19. Betroubaar  
Reliable

☒ N

20. Geboortegewig Groepkode  
Birth Weight Group Code

Year Season Group

21. Moeder Gewig  
Dam Weight

22. Moeder Weegdatum  
Dam Weigh Date

D D M M C C Y Y

23. Betroubaar  
Reliable

Y N

24. Geb. Status  
Birth Status

☒ 2 3  
Single Twin Triplet

25. Geslag van Tweeling  
Sex of Twin

M F  
Male Female

26. Moeder Voeding Status  
Dam Feeding Status

☒ 2 3 4 5 6  
C-P Mixed No lick Concern Other lick Pasture

30. Kalf Status  
Calf Status

☒ 2 3 4 5 6  
Alive Abort <7m Abort >7m Still Born Died Birth Destroyed

31. Gemak van Kalwing  
Ease of Calving

☒ 2 3 4 5  
Normal Little Serious Caesarian Cut Out

38. Kleur  
Colour

☒ 2 3 4 5 6 7 8 9 10 11 12 13 14  
Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White Whole Broken

MOEDER  
BESONDERHEDE  
DAM DETAILS

39. Rek. nummer  
Comp. number

0089071740

41. ID nommer  
ID number

SSX F CC 19 60 R  
Breed Sex HDM Year Seq Reg

VAAR  
BESONDERHEDE  
SIRE DETAILS

40. Rek. nummer  
Comp. number

0088898416

42. ID nommer  
ID number

SSX F CC 19 48 R  
Breed Sex HDM Year Seq Reg

43. Semen  
Semen

45. Veelvuldige Vaars  
Multiple Sires

Y

46. Laagste Afdeling  
Lowest Section

44. Datum Ontvang  
Date Received

D D M M C C Y Y

Naam van Teler:  
Name of Breeder:

C.B. Cuijck

Voltooi deur:  
Completed by:

C.B. Cuijck

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

Datum:  
Date:

13/9/2023

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11603

|                                                                                                                                                                                                                             |                                                                                                                                                                |                                                                                                                                                |                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. Dokumentkode<br>Document Code<br><div>ANIM</div>                                                                                                                                                                         | 2. Aksie Tipe<br>Action Type<br><div><input checked="" type="checkbox"/></div>                                                                                 | 3. Dokument Tipe<br>Document Type<br><div><input checked="" type="checkbox"/></div>                                                            | 4. Doel<br>Purpose<br><div>M <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> D<br/>Milk / Beef / Dual</div> | 5. NVR<br>NFR<br><div>Y</div>                                       |
| 6. Deelnemerskode<br>Participant Code<br><div>404347 SSX</div>                                                                                                                                                              | 7. Geslag<br>Sex<br><div>M <input checked="" type="checkbox"/> F<br/>Male / Female</div>                                                                       | 8. Geregistreerd<br>Registered<br><div><input checked="" type="checkbox"/></div>                                                               | 9. Dier Raskode<br>Animal Breed Code<br><div>SSX</div>                                                                                |                                                                     |
| 10. Dier ID<br>Animal ID<br><div>SSX A CC 23 105</div><br>Breed Sex HDM Year Seq Regl                                                                                                                                       | 11. Hoof ID Metode<br>Main ID Method<br><div><input checked="" type="checkbox"/> 2 3 4 5 6 7 8<br/>Tat Ear Tag Dtag Col Bnd Phot Elec</div>                    |                                                                                                                                                | Voorvoegsel:<br>Prefix: <div>ADVOCATE</div>                                                                                           |                                                                     |
| 12. Naam<br>Name<br><div>September 35C</div>                                                                                                                                                                                | 13. Sub ID Metode<br>Sub ID Method<br><div>1 2 <input checked="" type="checkbox"/> 3 4 5 6 7 8<br/>Tat Ear Tag Dtag Col Bnd Phot Elec</div>                    |                                                                                                                                                |                                                                                                                                       |                                                                     |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><div>23 105 9B305</div>                                                                                                                                                       | 15. Dek Besonderhede<br>Service<br><div><input checked="" type="checkbox"/> 2 3<br/>Nat AI Implant</div>                                                       | 16. Geboortedatum<br>Birth Date<br><div>12092023<br/>D D M M C C Y Y</div>                                                                     |                                                                                                                                       |                                                                     |
| 17. Geboortegewig<br>Birth Weight<br><div>40</div>                                                                                                                                                                          | 18. Geboorteweegdatum<br>Birth Weight Date<br><div>13092023<br/>D D M M C C Y Y</div>                                                                          | 19. Betroubaar<br>Reliable<br><div><input checked="" type="checkbox"/> N</div>                                                                 | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><div><div>Year</div><div>Season</div><div>Group</div></div>                 | 21. Moeder Gewig<br>Dam Weight<br><div><div></div><div></div></div> |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><div><div>D D M M C C Y Y</div></div>                                                                                                                                             | 23. Betroubaar<br>Reliable<br><div>Y N</div>                                                                                                                   | 24. Geb. Status<br>Birth Status<br><div><input checked="" type="checkbox"/> 2 3<br/>Single Twin Triplet</div>                                  | 25. Geslag van Tweeling<br>Sex of Twin<br><div>M F<br/>Male Female</div>                                                              |                                                                     |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><div><input checked="" type="checkbox"/> 2 3 4 5 6<br/>Ca-P Mixed No lick Coozen Other lick Pastures</div>                                                               | 30. Kalf Status<br>Calf Status<br><div><input checked="" type="checkbox"/> 2 3 4 5 6<br/>Alive Abort &lt;7m Abort &gt;7m Still Born Died Birth Destroyed</div> | 31. Gemak van Kalwing<br>Ease of Calving<br><div><input checked="" type="checkbox"/> 2 3 4 5<br/>Normal Little Serious Caesarian Cut Out</div> |                                                                                                                                       |                                                                     |
| 38. Kleur<br>Colour<br><div><input checked="" type="checkbox"/> 2 3 4 5 6 7 8 9 10 11 12 13 14<br/>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Gray Black/White White Broken</div> |                                                                                                                                                                |                                                                                                                                                |                                                                                                                                       |                                                                     |

**MOEDER  
BESONDERHEDE  
DAM DETAILS**

39. Rek. nommer  
Comp. number  

0084185024

41. ID nommer  
ID number  

SSX A CC 16 38

  
Breed Sex HDM Year Seq Regl

44. Datum Ontvang  
Date Received  

D D M M C C Y Y

**VAAR  
BESONDERHEDE  
SIRE DETAILS**

40. Rek. nommer  
Comp. number  

0087391934

42. ID nommer  
ID number  

SSX A CC 18 78

  
Breed Sex HDM Year Seq Regl

43. Semen  
Semen

45. Veelvuldige Vaars  
Multiple Sires  

Y

46. Laagste Afdeling  
Lowest Section

Vermeulen Forms - 雷 (051) 5221502

Naam van Teler:  
Name of Breeder:

C. B. Cillie

Voltooi deur:  
Completed by:

C. B. Cillie

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

*[Signature]*

Datum:  
Date:

13/9/2023

SA STAMBOEK  
GEBOORTEKENNISGEWING



SA STUD BOOK  
BIRTH NOTIFICATION  
11604

|                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                                                                    |                                                                                                                                                           |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Dokumentkode<br>Document Code<br>ANIM                                                                                                                                                                        | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/>                                                                          | 3. Dokument Tipe<br>Document Type<br><input checked="" type="checkbox"/>                                                           | 4. Doel<br>Purpose<br>M <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/><br>Milk Beef Dual | 5. NVR<br>NFR<br>Y             |
| 6. Deelnemerskode<br>Participant Code<br>404347 SSX                                                                                                                                                             | 7. Geslag<br>Sex<br>M <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/><br>Male Female                               | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/>                                                              | 9. Dier Raskode<br>Animal Breed Code<br>SSX                                                                                                               |                                |
| 10. Dier ID<br>Animal ID<br>SSX 47 CC 23 106 <input checked="" type="checkbox"/>                                                                                                                                | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 2 3 4 5 6 7 8                                                    |                                                                                                                                    | Voorvoegsel:<br>Prefix: ADVOCATE                                                                                                                          |                                |
| 12. Naam<br>Name<br>CHRISTIE 26                                                                                                                                                                                 | 13. Sub ID Metode<br>Sub ID Method<br>1 2 <input checked="" type="checkbox"/> 4 5 6 7 8                                                      |                                                                                                                                    |                                                                                                                                                           |                                |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br>23106                                                                                                                                                             | 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> 2 3<br>Nat AI Implant                                                 | 16. Geboortedatum<br>Birth Date<br>12092023<br>D D M M C C Y Y                                                                     |                                                                                                                                                           |                                |
| 17. Geboortegewig<br>Birth Weight<br>40                                                                                                                                                                         | 18. Geboorteweegdatum<br>Birth Weight Date<br>13092023<br>D D M M C C Y Y                                                                    | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> N                                                                | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br>Year Season Group                                                                               | 21. Moeder Gewig<br>Dam Weight |
| 22. Moeder Weegdatum<br>Dam Weigh Date                                                                                                                                                                          | 23. Betroubaar<br>Reliable<br>Y N                                                                                                            | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 2 3<br>Single Twin Triplet                                  | 25. Geslag van Tweeling<br>Sex of Twin<br>M F<br>Male Female                                                                                              |                                |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> 2 3 4 5 6<br>Ca-P Mixed No lick Concern Other lick Pastures                                                              | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 2 3 4 5 6<br>Alive Abort <7m Abort >7m Still Born Dead Birth Destroyed | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 2 3 4 5<br>Normal Little Serious Caesarian Cut Out |                                                                                                                                                           |                                |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> 2 3 4 5 6 7 8 9 10 11 12 13 14<br>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White Whole Broken |                                                                                                                                              |                                                                                                                                    |                                                                                                                                                           |                                |

MOEDER  
BESONDERHEDE  
DAM DETAILS

39. Rek. nommer  
Comp. number  
0081952343

41. ID nommer  
ID number  
SSX F CC 1501 ☒

44. Datum Ontvang  
Date Received

D D M M C C Y Y

VAAR  
BESONDERHEDE  
SIRE DETAILS

40. Rek. nommer  
Comp. number  
0087391934

42. ID nommer  
ID number  
SSX 47 CV 1878 ☒

43. Semen  
Semen

45. Veelvuldige Vaars  
Multiple Sires  
Y

46. Laagste Afdeling  
Lowest Section

Naam van Teler:  
Name of Breeder: C.B. Curie

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the above mentioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

Voltooi deur:  
Completed by: C.B. Curie

Datum:  
Date: 13/7/2023

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11605

*Dead not geboren*

1. Dokumentkode  
Document Code

ANIM

2. Aksie Tipe  
Action Type



3. Dokument Tipe  
Document Type



4. Doel  
Purpose



5. NVR  
NFR



6. Deelnemerskode  
Participant Code

404347

7. Geslag  
Sex

M F  
Male Female

8. Geregistreerd  
Registered



9. Dier Raskode  
Animal Breed Code

SSX

10. Dier ID  
Animal ID

Breed Sex HDM Year Seq Regl

11. Hoof ID Metode  
Main ID Method

1 2 3 4 5 6 7 8  
Tel Ear Tag Dtag Col Bmd Phot Elec

Voorvoegsel:  
Prefix: ADVAAR

12. Naam  
Name

13. Sub ID Metode  
Sub ID Method

1 2 3 4 5 6 7 8  
Tel Ear Tag Dtag Col Bmd Phot Elec

14. Eienaar Dier nr.  
Farmers Animal no.

15. Dek Besonderhede  
Service

2 3  
Nat AI Implant

16. Geboortedatum  
Birth Date

12092023  
D D M M C C Y Y

17. Geboortegewig  
Birth Weight

18. Geboortewegdatum  
Birth Weight Date

D D M M C C Y Y

19. Betroubaar  
Reliable

Y N

20. Geboortegewig Groepkode  
Birth Weight Group Code

Year Season Group

21. Moeder Gewig  
Dam Weight

22. Moeder Weegdatum  
Dam Weigh Date

D D M M C C Y Y

23. Betroubaar  
Reliable

Y N

24. Geb. Status  
Birth Status

2 3  
Single Twin Triplet

25. Geslag van Tweeling  
Sex of Twin

M F  
Male Female

26. Moeder Voeding Status  
Dam Feeding Status

1 2 3 4 5 6  
CsP Mixed No lick Concern Other lick Pastures

30. Kalf Status  
Calf Status

1 2 3 4 5 6  
Alive Abort <7m Abort >7m Still Born Deaf Birth Destroyed

31. Gemak van Kalwing  
Ease of Calving

1 2 3 4 5  
Normal Little Difficult Caesarian Cut Out

38. Kleur  
Colour

1 2 3 4 5 6 7 8 9 10 11 12 13 14  
Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White White Broken

MOEDER  
BESONDERHEDE  
DAM DETAILS

39. Rek. nummer  
Comp. number

0088898218

41. ID nommer  
ID number

SSX ACC 1927 R  
Breed Sex HDM Year Seq Regl

44. Datum Ontvang  
Date Received

D D M M C C Y Y

VAAR  
BESONDERHEDE  
SIRE DETAILS

40. Rek. nummer  
Comp. number

42. ID nommer  
ID number

Breed Sex HDM Year Seq Regl

43. Semen  
Semen

45. Veelvuldige Vaars  
Multiple Sires

Y

46. Laagste Afdeling  
Lowest Section

Naam van Teler:  
Name of Breeder:

C.B. Cicié

Voltooi deur:  
Completed by:

C.B. Cicié

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

*[Signature]*

Datum:  
Date:

13/9/2023

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11606

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. Dokumentkode<br>Document Code<br><input type="text" value="ANIM"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/> C                                                                                                                                                                                                                                                             | 3. Dokument Tipe<br>Document Type<br><input checked="" type="checkbox"/> B                                                                                                                                    | 4. Doel<br>Purpose<br><input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> D<br>Mik Beef Dual                              | 5. NVR<br>NFR<br><input type="text" value="Y"/>                 |
| 6. Deelnemerskode<br>Participant Code<br><input type="text" value="A04347"/> <input type="text" value="SSX"/>                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Geslag<br>Sex<br><input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> F<br>Male Female                                                                                                                                                                                                                    | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/> R                                                                                                                                       | 9. Dier Raskode<br>Animal Breed Code<br><input type="text" value="SSX"/>                                                                                                              |                                                                 |
| 10. Dier ID<br>Animal ID<br><input type="text" value="SSX"/> <input type="text" value="47"/> <input type="text" value="CC"/> <input type="text" value="23"/> <input type="text" value="108"/> <input checked="" type="checkbox"/> R<br>Breed Sex HDN Year Seq Reg                                                                                                                                                                                                                                                           | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8<br>Tail Ear Tag D/tag Col Brand Phot Elec                                         |                                                                                                                                                                                                               | Voorvoegsel:<br>Prefix: <input type="text" value="ADVOCATE"/>                                                                                                                         |                                                                 |
| 12. Naam<br>Name<br><input type="text" value="CHRIS474"/> <input type="text" value="27R"/>                                                                                                                                                                                                                                                                                                                                                                                                                                  | 13. Sub ID Metode<br>Sub ID Method<br><input type="text" value="1"/> <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8<br>Tail Ear Tag D/tag Col Brand Phot Elec |                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                 |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><input type="text" value="23"/> <input type="text" value="108"/>                                                                                                                                                                                                                                                                                                                                                                                                              | 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3<br>Nat AI Implant                                                                                                                                                                                                             |                                                                                                                                                                                                               | 16. Geboortedatum<br>Birth Date<br><input type="text" value="18"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br>D D M M C C Y Y |                                                                 |
| 17. Geboortegewig<br>Birth Weight<br><input type="text" value="40"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18. Geboorteweegdatum<br>Birth Weight Date<br><input type="text" value="18"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br>D D M M C C Y Y                                                                                                                                  | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> N                                                                                                                                           | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>Year Season Group              | 21. Moeder Gewig<br>Dam Weight<br><input type="text" value=""/> |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>D D M M C C Y Y                                                                                                                                                                                                                                                                            | 23. Betroubaar<br>Reliable<br><input type="text" value="Y"/> <input type="text" value="N"/>                                                                                                                                                                                                                                       | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3<br>Single Twin Triplet                                                                                    | 25. Geslag van Tweeling<br>Sex of Twin<br><input type="text" value="M"/> <input type="text" value="F"/><br>Male Female                                                                |                                                                 |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Ca-P Mixed No lick Concern Other lick Pastures                                                                                                                                                                                                                                                                      | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Alive Abort <7m Abort >7m Still Born Died Birth Destroyed                                                                                  | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br>Normal Little Serious Caesarian Cut Out |                                                                                                                                                                                       |                                                                 |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14<br>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White White Broken |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                 |

MOEDER  
BESONDERHEDE  
DAM DETAILS

39. Rek. nommer  
Comp. number

41. ID nommer  
ID number  
     ☒ R  
Breed Sex HDN Year Seq Reg

44. Datum Ontvang  
Date Received  
       
D D M M C C Y Y

VAAR  
BESONDERHEDE  
SIRE DETAILS

40. Rek. nommer  
Comp. number

42. ID nommer  
ID number  
     ☒ R  
Breed Sex HDN Year Seq Reg

43. Semen  
Semen

45. Veelvuldige Vaars  
Multiple Sires

46. Laagste Afdeling  
Lowest Section

Vermeulen Forms • (051) 5221502

Naam van Teler:  
Name of Breeder:

*C.B. Curie*

Voltooi deur:  
Completed by:

*C.B. Curie*

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

*[Signature]*

Datum:  
Date:

*18/9/23*

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11607

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                           |                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. Dokumentkode<br>Document Code<br><input type="text" value="ANIM"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/>                                                                                                                                                                                                          | 3. Dokument Tipe<br>Document Type<br><input checked="" type="checkbox"/>                                                                                                                                      | 4. Doel<br>Purpose<br><input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> D<br>Milk Best Dual | 5. NVR<br>NFR<br><input type="text" value="Y"/>                 |
| 6. Deelnemerskode<br>Participant Code<br><input type="text" value="404347"/> <input type="text" value="SSX"/>                                                                                                                                                                                                                                                                                                                                                                                                              | 7. Geslag<br>Sex<br><input type="text" value="M"/> <input checked="" type="checkbox"/> F<br>Male Female                                                                                                                                                                      | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/>                                                                                                                                         | 9. Dier Raskode<br>Animal Breed Code<br><input type="text" value="SSX"/>                                                                                  |                                                                 |
| 10. Dier ID<br>Animal ID<br><input type="text" value="SSX"/> <input type="text" value="F"/> <input type="text" value="04"/> <input type="text" value="23"/> <input type="text" value="109"/> <input type="text" value="19"/> <input type="text" value="72"/> <input checked="" type="checkbox"/> Reg                                                                                                                                                                                                                       | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                              |                                                                                                                                                                                                               | Voorvoegsel:<br>Prefix: <input type="text" value="ADVOCATE"/>                                                                                             |                                                                 |
| 12. Naam<br>Name<br><input type="text" value="September"/> <input type="text" value="B6"/>                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13. Sub ID Metode<br>Sub ID Method<br><input type="text" value="1"/> <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |                                                                                                                                                                                                               |                                                                                                                                                           |                                                                 |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><input type="text" value="23"/> <input type="text" value="109"/>                                                                                                                                                                                                                                                                                                                                                                                                             | 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3                                                                                                                                                                          | 16. Geboortedatum<br>Birth Date<br><input type="text" value="18"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br>D D M M C C Y Y                         |                                                                                                                                                           |                                                                 |
| 17. Geboortegewig<br>Birth Weight<br><input type="text" value="38"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 18. Geboorteweegdatum<br>Birth Weight Date<br><input type="text" value="18"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br>D D M M C C Y Y                                                                             | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> N                                                                                                                                           | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>       | 21. Moeder Gewig<br>Dam Weight<br><input type="text" value=""/> |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>D D M M C C Y Y                                                                                                                                                                                                               | 23. Betroubaar<br>Reliable<br><input type="text" value="Y"/> <input type="text" value="N"/>                                                                                                                                                                                  | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3<br>Single Twin Triplet                                                                                    | 25. Geslag van Tweeling<br>Sex of Twin<br><input type="text" value="M"/> <input type="text" value="F"/><br>Male Female                                    |                                                                 |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Ca-P Milk No lick Condem Other lick Pastures                                                                                                                                                                                                                                                                       | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Alive Abort <7m Abort >7m Still Born Died Birth Destroyed                             | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br>Normal Little Serious Cessation Cut Out |                                                                                                                                                           |                                                                 |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14<br>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Back/White White Broken |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                           |                                                                 |

|                                                                                                                                                                                                                                       |                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| MOEDER<br>BESONDERHEDE<br>DAM DETAILS                                                                                                                                                                                                 | 39. Rek. nommer<br>Comp. number<br><input type="text" value="0089332613"/> |
| 41. ID nommer<br>ID number<br><input type="text" value="SSX"/> <input type="text" value="F"/> <input type="text" value="04"/> <input type="text" value="19"/> <input type="text" value="72"/> <input checked="" type="checkbox"/> Reg |                                                                            |

|                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 44. Datum Ontvang<br>Date Received<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>D D M M C C Y Y |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                       |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| VAAR<br>BESONDERHEDE<br>SIRE DETAILS                                                                                                                                                                                                                                  | 40. Rek. nommer<br>Comp. number<br><input type="text" value="0087391934"/>                            |
| 42. ID nommer<br>ID number<br><input type="text" value="SSX"/> <input type="text" value="F"/> <input type="text" value="04"/> <input type="text" value="18"/> <input type="text" value="78"/> <input checked="" type="checkbox"/> Reg                                 |                                                                                                       |
| 43. Semen<br>Semen<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |                                                                                                       |
| 45. Veelvuldige Vaars<br>Multiple Sires<br><input type="text" value="Y"/>                                                                                                                                                                                             | 46. Laagste Afdeling<br>Lowest Section<br><input type="text" value=""/> <input type="text" value=""/> |

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Naam van Teler:  
Name of Breeder: C. B. C. C. C.

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the above-mentioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder: [Signature]

Voltooi deur:  
Completed by: C. B. C. C. C.

Datum:  
Date: 18/9/2023

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11608

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                          |                                                                                                                                                                                                                                          |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 1. Dokumentkode<br>Document Code<br><input type="text" value="ANIM"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/> C                                                                                                                                                                                                                                                            | 3. Dokument Tipe<br>Document Type<br><input type="checkbox"/> B                                                                                                          | 4. Doel<br>Purpose<br><input type="checkbox"/> M <input checked="" type="checkbox"/> S <input type="checkbox"/> D<br>Milk Beef Dual                                                                                                      | 5. NVR<br>NFR<br><input type="checkbox"/> Y |
| 6. Deelnemerskode<br>Participant Code<br><input type="text" value="404347"/> <input type="text" value="SSX"/>                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Geslag<br>Sex<br><input type="checkbox"/> M <input checked="" type="checkbox"/> F<br>Male Female                                                                                                                                                                                                                              | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/> R                                                                                                  | 9. Dier Raskode<br>Animal Breed Code<br><input type="text" value="SSX"/>                                                                                                                                                                 |                                             |
| 10. Dier ID<br>Animal ID<br><input type="text" value="SSX"/> <input type="text" value="F"/> <input type="text" value="CC"/> <input type="text" value="23"/> <input type="text" value="110"/> <input checked="" type="checkbox"/> R<br>Breed Sex HDM Year Seq Reg                                                                                                                                                                                                                                                                                      | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8<br>Nat Ear Tag D/Tag Col Brand Phot Elec              |                                                                                                                                                                          | Voorvoegsel:<br>Prefix: <input type="text" value="ADVOCATE"/>                                                                                                                                                                            |                                             |
| 12. Naam<br>Name<br><input type="text" value="Deirdre"/> <input type="text" value="39E"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13. Sub ID Metode<br>Sub ID Method<br><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8<br>Tag Ear Tag D/Tag Col Brand Phot Elec                |                                                                                                                                                                          | 14. Eienaar Dier nr.<br>Farmers Animal no.<br><input type="text" value="23110"/>                                                                                                                                                         |                                             |
| 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3<br>Nat AI Implant                                                                                                                                                                                                                                                                                                                                                                                                      | 16. Geboortedatum<br>Birth Date<br><input type="text" value="18092023"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="C"/> <input type="text" value="C"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |                                                                                                                                                                          | 17. Geboortegewig<br>Birth Weight<br><input type="text" value="40"/>                                                                                                                                                                     |                                             |
| 18. Geboorteweegdatum<br>Birth Weight Date<br><input type="text" value="18092023"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="C"/> <input type="text" value="C"/> <input type="text" value="Y"/> <input type="text" value="Y"/>                                                                                                                                                                                                           | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                   | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>Year Season Group | 21. Moeder Gewig<br>Dam Weight<br><input type="text" value=""/>                                                                                                                                                                          |                                             |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>D D M M C C Y Y                                                                                                                                                                              | 23. Betroubaar<br>Reliable<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                   | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3<br>Single Twin Triplet                    | 25. Geslag van Tweeling<br>Sex of Twin<br><input type="checkbox"/> M <input checked="" type="checkbox"/> F<br>Male Female                                                                                                                |                                             |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Ca-P Mixed No lick Concern Other lick Pasture                                                                                                                                                                                                                                                                      | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Alive Abort <7m Abort >7m Still Born Died Birth Destroyed                                                      |                                                                                                                                                                          | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br>Normal Little Serious Caesarian Cut Out |                                             |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14<br>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Back/White Whole Broken |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                          |                                                                                                                                                                                                                                          |                                             |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| MOEDER<br>BESONDERHEDE<br>DAM DETAILS                                                                                                                                                                                                                             | 39. Rek. nommer<br>Comp. number<br><input type="text" value="0085805034"/> |
| 41. ID nommer<br>ID number<br><input type="text" value="SSX"/> <input type="text" value="F"/> <input type="text" value="CC"/> <input type="text" value="17"/> <input type="text" value="30"/> <input checked="" type="checkbox"/> R<br>Breed Sex HDM Year Seq Reg |                                                                            |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| VAAR<br>BESONDERHEDE<br>SIRE DETAILS                                                                                                                                                                                                                                                                     | 40. Rek. nommer<br>Comp. number<br><input type="text" value="0084425164"/> |
| 42. ID nommer<br>ID number<br><input type="text" value="SSX"/> <input type="text" value="F"/> <input type="text" value="JTE"/> <input type="text" value="16"/> <input type="text" value="208"/> <input checked="" type="checkbox"/> R<br>Breed Sex HDM Year Seq Reg                                      |                                                                            |
| 43. Semen<br>Semen<br><input type="text" value=""/>                                                                                                                                                                                                                                                      |                                                                            |
| 44. Datum Ontvang<br>Date Received<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>D D M M C C Y Y |                                                                            |
| 45. Veelvuldige Vaars<br>Multiple Sires<br><input type="checkbox"/> Y                                                                                                                                                                                                                                    | 46. Laagste Afdeling<br>Lowest Section<br><input type="text" value=""/>    |

Vermeulen Forms • 051 5221502

Naam van Teler:  
Name of Breeder:

Voltooi deur:  
Completed by:

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

Datum:  
Date:

# SA STAMBOEK GEBOORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11609

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                     |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. Dokumentkode<br>Document Code<br><input type="text" value="ANIM"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/> C                                                                                                                                                                                                                                                                       | 3. Dokument Tipe<br>Document Type<br><input type="checkbox"/> B                                                                                                                                                                                                                                                                  | 4. Doel<br>Purpose<br><input type="checkbox"/> M <input checked="" type="checkbox"/> B <input type="checkbox"/> D<br>Mik See Dual                   | 5. NVR<br>NFR<br><input type="checkbox"/> Y                     |
| 6. Deelnemerskode<br>Participant Code<br><input type="text" value="404347"/> <input type="text" value="SSX"/>                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Geslag<br>Sex<br><input checked="" type="checkbox"/> N <input type="checkbox"/> F<br>Male Female                                                                                                                                                                                                                                         | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/> R                                                                                                                                                                                                                                                          | 9. Dier Raskode<br>Animal Breed Code<br><input type="text" value="SSX"/>                                                                            |                                                                 |
| 10. Dier ID<br>Animal ID<br><input type="text" value="SSX"/> <input type="text" value="17"/> <input type="text" value="CL"/> <input type="text" value="23"/> <input type="text" value="11"/> <input checked="" type="checkbox"/> Reg                                                                                                                                                                                                                                                                                        | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8<br>Tail Ear Tag Dtag Col Brand Phot Elec                                                    |                                                                                                                                                                                                                                                                                                                                  | Voorgevoegsel:<br>Prefix: <input type="text" value="ADVOCATE"/>                                                                                     |                                                                 |
| 12. Naam<br>Name<br><input type="text" value="GOLIA T 59"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13. Sub ID Metode<br>Sub ID Method<br><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8<br>Tail Ear Tag Dtag Col Brand Phot Elec                           |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                     |                                                                 |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><input type="text" value="23111"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3<br>Not AI Implant                                                                                                                                                                                                                       | 16. Geboortedatum<br>Birth Date<br><input type="text" value="20092023"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="C"/> <input type="text" value="C"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |                                                                                                                                                     |                                                                 |
| 17. Geboortegewig<br>Birth Weight<br><input type="text" value="40"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18. Geboorteweegdatum<br>Birth Weight Date<br><input type="text" value="21092023"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="C"/> <input type="text" value="C"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                              | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | 21. Moeder Gewig<br>Dam Weight<br><input type="text" value=""/> |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>                                                                                                           | 23. Betroubaar<br>Reliable<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                              | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3<br>Single Twin Triplet                                                                                                                                                                                                       | 25. Geslag van Tweeling<br>Sex of Twin<br><input type="checkbox"/> M <input checked="" type="checkbox"/> F<br>Male Female                           |                                                                 |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Ce-P Mfed No lick Concern Other lick Pastures                                                                                                                                                                                                                                                                       | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Alive Abort <7m Abort >7m Still Born Died Birth Destroyed                                                                                            | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br>Normal Little Serious Caesarian Cut Out                                                                                                                    |                                                                                                                                                     |                                                                 |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14<br>Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White White Broken |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                     |                                                                 |

MOEDER  
BESONDERHEDE  
DAM DETAILS

39. Rek. nommer  
Comp. number

41. ID nommer  
ID number  
     ☒ Reg

44. Datum Ontvang  
Date Received

VAAR  
BESONDERHEDE  
SIRE DETAILS

40. Rek. nommer  
Comp. number

42. ID nommer  
ID number  
     ☒ Reg

45. Veelvuldige Vaars  
Multiple Sires  
☐ Y

43. Semen  
Semen

46. Laagste Afdeling  
Lowest Section

Verreken Forms - 051 5221502

Naam van Teler:  
Name of Breeder:

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the above mentioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

Voltooi deur:  
Completed by:

Datum:  
Date:

SA STAMBOEK  
GEBOORTEKENNISGEWING



SA STUD BOOK  
BIRTH NOTIFICATION

11610

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. Dokumentkode<br>Document Code<br><input type="text" value="ANIM"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/> C                                                                                                                                                                                                        | 3. Dokument Tipe<br>Document Type<br><input checked="" type="checkbox"/> B                                                                                                                                    | 4. Doel<br>Purpose<br><input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> D<br>Male Beef Dual                             | 5. NVR<br>NFR<br><input type="text" value="Y"/>                 |
| 6. Deelnemerskode<br>Participant Code<br><input type="text" value="404347"/> <input type="text" value="SSX"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. Geslag<br>Sex<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F<br>Male Female                                                                                                                                                                          | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/> R                                                                                                                                       | 9. Dier Raskode<br>Animal Breed Code<br><input type="text" value="SSX"/>                                                                                                              |                                                                 |
| 10. Dier ID<br>Animal ID<br><input type="text" value="SSX"/> <input type="text" value="4"/> <input type="text" value="CC"/> <input type="text" value="23"/> <input type="text" value="1/2"/> <input checked="" type="checkbox"/> R                                                                                                                                                                                                                                                                                                                                                                       | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                              |                                                                                                                                                                                                               | Voorvoegsel:<br>Prefix: <input type="text" value="ADVOCATE"/>                                                                                                                         |                                                                 |
| 12. Naam<br>Name<br><input type="text" value="CHRISWEL"/> <input type="text" value="28"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13. Sub ID Metode<br>Sub ID Method<br><input type="text" value="1"/> <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                 |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><input type="text" value="23"/> <input type="text" value="1/2"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3<br>Nat AI Implant                                                                                                                                                        |                                                                                                                                                                                                               | 16. Geboortedatum<br>Birth Date<br><input type="text" value="21"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br>D D M M C C Y Y |                                                                 |
| 17. Geboortegewig<br>Birth Weight<br><input type="text" value="32"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Geboorteweegdatum<br>Birth Weight Date<br><input type="text" value="22"/> <input type="text" value="09"/> <input type="text" value="20"/> <input type="text" value="23"/><br>D D M M C C Y Y                                                                             | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> N                                                                                                                                           | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>Year Season Group              | 21. Moeder Gewig<br>Dam Weight<br><input type="text" value=""/> |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/><br>D D M M C C Y Y                                                                                                                                                                                                                                                                                             | 23. Betroubaar<br>Reliable<br><input type="text" value="Y"/> <input type="text" value="N"/>                                                                                                                                                                                  | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3<br>Single Twin Triplet                                                                                    | 25. Geslag van Tweeling<br>Sex of Twin<br><input type="text" value="M"/> <input type="text" value="F"/><br>Male Female                                                                |                                                                 |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Ce-P Mixed No lick Concern Other lick Pastures                                                                                                                                                                                                                                                                                                                                                   | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6<br>Alive Abort <7m Abort >7m Still Born Died Birth Destroyed                             | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br>Normal Little Serious Caesarian Cut Out |                                                                                                                                                                                       |                                                                 |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> 1 <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/> <input type="text" value="11"/> <input type="text" value="12"/> <input type="text" value="13"/> <input type="text" value="14"/><br>Vocal Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White White Broken |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                 |

MOEDER  
BESONDERHEDE  
DAM DETAILS

39. Rek. nommer  
Comp. number

41. ID nommer  
ID number  
     ☒ R  
Breed Sex HDM Year Seq Reg

44. Datum Ontvang  
Date Received  
         
D D M M C C Y Y

VAAR  
BESONDERHEDE  
SIRE DETAILS

40. Rek. nommer  
Comp. number

42. ID nommer  
ID number  
     ☒ R  
Breed Sex HDM Year Seq Reg

43. Semen  
Semen

45. Veelvuldige Vaars  
Multiple Sires

46. Laagste Afdeling  
Lowest Section

Vermeulen Forms • 051 5221502

Naam van Teler:  
Name of Breeder:

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

Voltooi deur:  
Completed by:

Datum:  
Date:

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11611

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                     |                                                                                                             |                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1. Dokumentkode<br>Document Code<br><input type="text" value="ANIM"/>                                                                                                                                                                                                                                                                                                                           | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                 | 3. Dokument Tipe<br>Document Type<br><input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                   | 4. Doel<br>Purpose<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 5. NVR<br>NFR<br><input type="checkbox"/> <input checked="" type="checkbox"/> |
| 6. Deelnemerskode<br>Participant Code<br><input type="text" value="404347"/> <input type="text" value="SSX"/>                                                                                                                                                                                                                                                                                   | 7. Geslag<br>Sex<br><input checked="" type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                             | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/>                                                                                                               | 9. Dier Raskode<br>Animal Breed Code<br><input type="text" value="SSX"/>                                    |                                                                               |
| 10. Dier ID<br>Animal ID<br><input type="text" value="SSX"/> <input type="text" value="M"/> <input type="text" value="CC"/> <input type="text" value="23"/> <input type="text" value="115"/> <input checked="" type="checkbox"/>                                                                                                                                                                | 11. Hoof ID Metode<br>Main ID Method<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                                                                     | Voorvoegsel:<br>Prefix: <input type="text" value="ADVOLATE"/>                                               |                                                                               |
| 12. Naam<br>Name<br><input type="text" value="Gedraat 60° Christel 29°"/>                                                                                                                                                                                                                                                                                                                       | 13. Sub ID Metode<br>Sub ID Method<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                     |                                                                                                                                                                                     |                                                                                                             |                                                                               |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><input type="text" value="23113"/>                                                                                                                                                                                                                                                                                                                | 15. Dek Besonderhede<br>Service<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                     | 16. Geboortedatum<br>Birth Date<br><input type="text" value="27092023"/>                                                                                                            |                                                                                                             |                                                                               |
| 17. Geboortegewig<br>Birth Weight<br><input type="text" value="40"/>                                                                                                                                                                                                                                                                                                                            | 18. Geboorteweegdatum<br>Birth Weight Date<br><input type="text" value="28092023"/>                                                                                                                                                                                                                          | 19. Betroubaar<br>Reliable<br><input checked="" type="checkbox"/> <input type="checkbox"/>                                                                                          | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><input type="text" value=""/>                     | 21. Moeder Gewig<br>Dam Weight<br><input type="text" value=""/>               |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><input type="text" value=""/>                                                                                                                                                                                                                                                                                                                         | 23. Betroubaar<br>Reliable<br><input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                                                                                                                   | 24. Geb. Status<br>Birth Status<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                            | 25. Geslag van Tweeling<br>Sex of Twin<br><input type="checkbox"/> <input checked="" type="checkbox"/>      |                                                                               |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                      | 30. Kalf Status<br>Calf Status<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                           | 31. Gemak van Kalwing<br>Ease of Calving<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                             |                                                                               |
| 38. Kleur<br>Colour<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                     |                                                                                                             |                                                                               |

MOEDER  
BESONDERHEDE  
DAM DETAILS

39. Rek. nommer  
Comp. number

41. ID nommer  
ID number  
     ☒

VAAR  
BESONDERHEDE  
SIRE DETAILS

40. Rek. nommer  
Comp. number

42. ID nommer  
ID number  
     ☒

43. Semen  
Semen

44. Datum Ontvang  
Date Received

45. Veelvuldige Vaars  
Multiple Sires

46. Laagste Afdeling  
Lowest Section

Naam van Teler:  
Name of Breeder:

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

Voltooi deur:  
Completed by:

Datum:  
Date:

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11612

1. Dokumentkode  
Document Code

ANIM

2. Aksie Tipe  
Action Type

☒

3. Dokument Tipe  
Document Type

☒

4. Doel  
Purpose

M ☒ D  
Milk Best Dual

5. NVR  
NFR

☒

6. Deelnemerskode  
Participant Code

404347 SSX

7. Geslag  
Sex

M ☒ F  
Male Female

8. Geregistreerd  
Registered

☒

9. Dier Raskode  
Animal Breed Code

SSX

10. Dier ID  
Animal ID

SSX F CC. 23 116 ☒

11. Hoof ID Metode  
Main ID Method

☒ 2 3 4 5 6 7 8

Voorvoegsel:  
Prefix: ADVOCATE

12. Naam  
Name

CRIBI 141

13. Sub ID Metode  
Sub ID Method

1 2 ☒ 4 5 6 7 8

14. Eienaar Dier nr.  
Farmers Animal no.

23 116

15. Dek Besonderhede  
Service

☒ 2 3

16. Geboortedatum  
Birth Date

30 09 2023

17. Geboortegewig  
Birth Weight

40

18. Geboorteweegdatum  
Birth Weight Date

01 10 2023

19. Betroubaar  
Reliable

☒ N

20. Geboortegewig Groepkode  
Birth Weight Group Code

☐ ☐ ☐

21. Moeder Gewig  
Dam Weight

☐ ☐

22. Moeder Weegdatum  
Dam Weigh Date

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

23. Betroubaar  
Reliable

☒ Y ☐ N

24. Geb. Status  
Birth Status

☒ 2 3

25. Geslag van Tweeling  
Sex of Twin

M ☒ F  
Male Female

26. Moeder Voeding Status  
Dam Feeding Status

☒ 2 3 4 5 6  
Ca-P Mast No lick Concern Other lick Pastures

30. Kalf Status  
Calf Status

☒ 2 3 4 5 6  
Alive Abort <7m Abort >7m Still Born Dile Birth Destroyed

31. Gemak van Kalwing  
Ease of Calving

☒ 2 3 4 5  
Normal Little Serious Cæsarian Cut Out

38. Kleur  
Colour

☒ 2 3 4 5 6 7 8 9 10 11 12 13 14  
Typical Red Red/White White/Red Black Yellow Roan White Red/White Under Yellow/White Grey Black/White Whole Broken

MOEDER  
BESONDERHEDE  
DAM DETAILS

39. Rek. nommer  
Comp. number

0086472608

41. ID nommer  
ID number

SSX F CC. 17 73 ☒

VAAR  
BESONDERHEDE  
SIRE DETAILS

40. Rek. nommer  
Comp. number

0087391934

42. ID nommer  
ID number

SSX F CC. 18 78 ☒

44. Datum Ontvang  
Date Received

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

43. Semen  
Semen

☐ ☐ ☐ ☐ ☐ ☐

45. Veelvuldige Vaars  
Multiple Sires

☒ Y

46. Laagste Afdeling  
Lowest Section

☐ ☐

Naam van Teler:  
Name of Breeder:

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

Voltooi deur:  
Completed by:

*C.B. Cici*

Datum:  
Date:

5/11/2023

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11613

1. Dokumentkode  
Document Code

ANIM

2. Aksie Tipe  
Action Type

☒ C

3. Dokument Tipe  
Document Type

☒ B

4. Doel  
Purpose

☒ M ☒ B ☒ D

5. NVR  
NFR

☒ Y

6. Deelnemerskode  
Participant Code

404347 SSX

7. Geslag  
Sex

☒ M ☒ F

8. Geregistreerd  
Registered

☒ R

9. Dier Raskode  
Animal Breed Code

SSX

10. Dier ID  
Animal ID

SSX 6/ C4 23 1/6

11. Hoof ID Metode  
Main ID Method

☒ 2 3 4 5 6 7 8

Voorgevoegsel:  
Prefix: ADVOCATE

12. Naam  
Name

R4A45 104

13. Sub ID Metode  
Sub ID Method

☒ 1 2 3 4 5 6 7 8

14. Eienaar Dier nr.  
Farmers Animal no.

23/1/6

15. Dek Besonderhede  
Service

☒ 2 3

16. Geboortedatum  
Birth Date

04/10/2023

17. Geboortegewig  
Birth Weight

40

18. Geboorteweegdatum  
Birth Weight Date

05/10/2023

19. Betroubaar  
Reliable

☒ N

20. Geboortegewig Groepkode  
Birth Weight Group Code

☐ ☐ ☐

21. Moeder Gewig  
Dam Weight

☐ ☐

22. Moeder Weegdatum  
Dam Weigh Date

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

23. Betroubaar  
Reliable

☒ Y ☒ N

24. Geb. Status  
Birth Status

☒ 2 3

25. Geslag van Tweeling  
Sex of Twin

☒ M ☒ F

26. Moeder Voeding Status  
Dam Feeding Status

☒ 2 3 4 5 6

30. Kalf Status  
Calf Status

☒ 2 3 4 5 6

31. Gemak van Kalwing  
Ease of Calving

☒ 2 3 4 5

38. Kleur  
Colour

☒ 2 3 4 5 6 7 8 9 10 11 12 13 14

MOEDER  
BESONDERHEDE  
DAM DETAILS

39. Rek. nommer  
Comp. number

0088898143  
82076795

41. ID nommer  
ID number

SSX F C C 15 23

VAAR  
BESONDERHEDE  
SIRE DETAILS

40. Rek. nommer  
Comp. number

0088898143

42. ID nommer  
ID number

SSX 1/ C C 19 17

44. Datum Ontvang  
Date Received

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

43. Semen  
Semen

☐ ☐ ☐ ☐

45. Veelvuldige Vaars  
Multiple Sires

☒ Y

46. Laagste Afdeling  
Lowest Section

☐ ☐

Naam van Teler:  
Name of Breeder: C.B. Louie

Voltooi deur:  
Completed by: C.B. Louie

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.  
Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder:

Datum:  
Date: 5/11/2023

# SA STAMBOEK GEBORTEKENNISGEWING



# SA STUD BOOK BIRTH NOTIFICATION

11614

|                                                                                                                                                           |                                                                                                                 |                                                                                          |                                                                                      |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1. Dokumentkode<br>Document Code<br><b>ANIM</b>                                                                                                           | 2. Aksie Tipe<br>Action Type<br><input checked="" type="checkbox"/>                                             | 3. Dokument Tipe<br>Document Type<br><input checked="" type="checkbox"/>                 | 4. Doel<br>Purpose<br><b>M</b> <b>B</b> <b>D</b><br>Milk Best Dust                   | 5. NVR<br>NFR<br><b>Y</b>                                    |
| 6. Deelnemerskode<br>Participant Code<br><b>404347</b> <b>SSX</b>                                                                                         | 7. Geslag<br>Sex<br><b>M</b> <b>F</b><br>Male Female                                                            | 8. Geregistreerd<br>Registered<br><input checked="" type="checkbox"/>                    | 9. Dier Raskode<br>Animal Breed Code<br><b>SSX</b>                                   |                                                              |
| 10. Dier ID<br>Animal ID<br><b>SSX</b> <b>ACC</b> <b>23</b> <b>118</b> <b>X</b>                                                                           | 11. Hoof ID Metode<br>Main ID Method<br><b>X</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b> <b>7</b> <b>8</b> |                                                                                          | Voorvoegsel:<br>Prefix: <b>ADVOCATE</b>                                              |                                                              |
| 12. Naam<br>Name<br><b>TEARDROP 71</b>                                                                                                                    | 13. Sub ID Metode<br>Sub ID Method<br><b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b> <b>7</b> <b>8</b>   |                                                                                          |                                                                                      |                                                              |
| 14. Eienaar Dier nr.<br>Farmers Animal no.<br><b>23118</b>                                                                                                | 15. Dek Besonderhede<br>Service<br><b>X</b> <b>2</b> <b>3</b>                                                   |                                                                                          | 16. Geboortedatum<br>Birth Date<br><b>04102023</b>                                   |                                                              |
| 17. Geboortegewig<br>Birth Weight<br><b>40</b>                                                                                                            | 18. Geboorteweegdatum<br>Birth Weight Date<br><b>05102023</b>                                                   | 19. Betroubaar<br>Reliable<br><b>X</b> <b>N</b>                                          | 20. Geboortegewig Groepkode<br>Birth Weight Group Code<br><b>1</b> <b>2</b> <b>3</b> | 21. Moeder Gewig<br>Dam Weight<br><b>1</b> <b>2</b> <b>3</b> |
| 22. Moeder Weegdatum<br>Dam Weigh Date<br><b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b>                                                           | 23. Betroubaar<br>Reliable<br><b>Y</b> <b>N</b>                                                                 | 24. Geb. Status<br>Birth Status<br><b>X</b> <b>2</b> <b>3</b>                            | 25. Geslag van Tweeling<br>Sex of Twin<br><b>M</b> <b>F</b>                          |                                                              |
| 26. Moeder Voeding Status<br>Dam Feeding Status<br><b>X</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b>                                                  | 30. Kalf Status<br>Calf Status<br><b>X</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b>                         | 31. Gemak van Kalwing<br>Ease of Calving<br><b>X</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> |                                                                                      |                                                              |
| 38. Kleur<br>Colour<br><b>X</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b> <b>7</b> <b>8</b> <b>9</b> <b>10</b> <b>11</b> <b>12</b> <b>13</b> <b>14</b> |                                                                                                                 |                                                                                          |                                                                                      |                                                              |

**MOEDER  
BESONDERHEDE  
DAM DETAILS**

39. Rek. nommer  
Comp. number  
**0087488946**

41. ID nommer  
ID number  
**SSX** **ACC** **18** **50** **X**

44. Datum Ontvang  
Date Received  
**1** **2** **3** **4** **5** **6**

**VAAR  
BESONDERHEDE  
SIRE DETAILS**

40. Rek. nommer  
Comp. number  
**0087391934**

42. ID nommer  
ID number  
**SSX** **ACC** **18** **50** **X**

43. Semen  
Semen  
**1** **2** **3** **4** **5** **6**

45. Veelvuldige Vaars  
Multiple Sires  
**Y**

46. Laagste Afdeling  
Lowest Section  
**1** **2**

Vermeulen Forms • (051) 5221502

Naam van Teler:  
Name of Breeder: **C. B. Cicié**

Ek sertifiseer dat bovermelde teelbesonderhede korrek is:  
I certify that the abovementioned breeding particulars are correct.

Handtekening van teler / verteenwoordiger van teler:  
Signature of breeder / representative of breeder: **[Signature]**

Voltooi deur:  
Completed by: **C. B. Cicié**

Datum:  
Date: **5/11/2023**