DENTAL MODIFICATION PRACTICES ON THE CAPE FLATS IN THE WESTERN CAPE

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DECLARATION

I declare that this thesis is my own, unaided work. It is being submitted for the degree of Master of Science at the University of Cape Town, Cape Town, South Africa. It has not been submitted for any degree or examination at any other University.

Signed by candidate

DATE: 17 December 2003

DEDICATION

To my family – you have always encouraged me to reach for my dreams.
"Deo Soli Gloria"

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ABSTRACT

The people living on the Cape Flats in the Western Cape have been practicing dental modification for a number of years. A systematic survey of eight adjoining areas in the Northern suburbs was done to investigate the prevalence, motivation and possible historical time depth of this practice. The survey was conducted by means of a questionnaire.

A total of 2167 individuals participated in this study of which 41% had modified their teeth. More males (44.8%) than females (37.9%) were involved in this practice. Residential area and pay class had an impact on dental modification practices as the incidence increased within lower income areas. Six styles of modification were identified, of these; the removal of the upper four incisors (style 400) was often the style of choice (93.7%). There were four stated reasons (peer pressure, fashion, gangsterism and medical/other) for dental modification of which peer pressure (in males) and fashion (in females) were the most popular. Dentists did most of the extractions. Three quarters of the entire study sample had family members with dental modifications. More than half (69.8%) of individuals with modifications wore dentures. Not only coloured people were modifying their teeth, some study subjects who had self-classified themselves as black or white also practiced it.

CHAPTER ONE

INTRODUCTION

The Cape Flats is a low-lying area between Table Mountain (Cape Town) and the Drakenstein Mountains (Stellenbosch region) within the municipal area of Cape Town. It also has two sea boundaries i.e. False Bay to the south and Table Bay to the north. This is an area where the practice of dental modification is occurring today even though the practice, according to Alt and Pichler (1998), seem to be dying out in other tribal African cultures that have been practicing it for decades. The Cape Flats is almost synonymous with coloured people in South Africa and one particular stereotype exists and persists today i.e. that of the 'coloured person missing their front teeth'. This lack of front teeth is more commonly known as the 'passion gap' (Turok, 2003). Why does this phenomenon occur among the coloured people? Is it 'purely coloured' and why is it done?

1.1. Why is the issue of 'colour' important?

Erasmus (2001), states that coloured identities and stereotypes are not based on 'race mixture' but on cultural creativity shaped by South African history of colonialism, slavery, segregation and Apartheid. This conceptualisation undermines the common sense view that perceives 'colouredness' as something produced by the mixture of other 'purer' cultures. Pickle (1997) adds to this by saying that race uses biological characteristics for collective identification. Race divides populations in terms of stock or the collective heredity traits – the most common being phenotypical difference such as skin colour. Cultural traits are treated the same as biological traits and are

used negatively in the creation of the stereotype. Another 'phenotypical difference' – at least according to the proponents of stereotypes – is the coloured predisposition to extract their incisors. The perception amongst many South Africans is that a 'typical coloured person' would have no front teeth. There are many anecdotal stories as to the reasons for these missing teeth among the coloured people. However, none have been proven or investigated.

A variety of ethnic elements have shared in the "make-up" of the people that populate the Cape Flats region. Although studies into the social attitude of the various communities (Barth, 1969, Anthias, 1992) and its influence on their dietary habits have been done there appears to be very little literature dealing with their dental health except that by Van Wyk, Konviser and Dreyer (1976) and Louw and Moola (1979). According to findings by Allen, Gasson and Vivian (1990) and Louw and Moola (1979) there are indications that some communities have very poor dental and oral health resulting in the extraction of their teeth especially the incisors. However, poor dental health alone seems an unlikely reason for the practice of dental modification in the Western Cape, as the molar teeth are usually more susceptible to disease and decay earlier than incisors (Louw and Moola, 1979).

1.2. Teeth as a source of information

The teeth are one of the more visible parts of a human during social interactions with others. Primarily genes determine the size, form and morphology of teeth (Guyton, 1985, Scott and Turner, 1997). Teeth, however, interface with the environment following eruption (Cruwys and Foley, 1986). Because of their visibility and

accessibility, teeth can be influenced by behaviours that are intentional (deliberate i.e. extraction and filing), incidental (as a result of a habit i.e. clay-stemmed pipe smoking, curing hides) and accidental (Davies, 1972). Some individuals, who are not satisfied with the natural morphology of their teeth, feel a cultural or personal need to produce an artificial morphology more in line with their value system (Molnar, 1972). According to Molnar (1972), Milner and Larsen (1991) and Hillson (1996) such altering of teeth is concentrated on the teeth in front of the mouth (incisors and canines) as they are most visible in social intercourse. What started the coloured stereotype phenomenon? In trying to understand the present behaviour among the coloured people, we have to take a look at past history.

1.3. Identity formation of the coloured people

1.3.1. A brief history of coloured people

Pre-1948

The first caucasoid settlers arrived in the Cape in 1652. They found the indigenous people, the Khoekoe (who were cattle herders) and the San (who were foragers) an unreliable work resource and thus started importing slaves (Ziervogel, 1944, Van der Ross, 1973). Ziervogel (1944) divided the slaves of the Cape into three classes – Negroes (from Madagascar and Mozambique), Malays (from the East Indies who were mostly prisoners) and 'Afrikaanders' (those who were eventually born in the Cape). Initially, there were very few white women in the Cape and white men thus started liaisons with their female slaves, freed female slaves and the native women. This practice became less common as more whites (male and female) began settling in the Cape due to land grants from the Dutch East India Company. The children of

these liaisons later started intermarrying each other and had large families – thus a 'race' of 'mixed people' was born (Venter, 1974). At the time of the slave emancipation in 1834, many slaves were 'Afrikaanders' (Ziervogel, 1944) i.e. Colonial-born as slave importation had stopped in 1808. Slaves were classed according to skilled labourers (the minority of them) and unskilled labourers (Van der Ross, 1973). The latter did the ordinary agriculture and domestic work and well as any other work requiring no skill. They also became hawkers of provisions in Cape Town, where retail was an important source of income to a large section of the community since the Dutch East India Company days (Marais, 1939, Pinnock, 1980, Bickford-Smith, 1993).

This ongoing process of absorption and miscegenation between the white colonists the indigenous Khoisan peoples of the Cape, imported slaves and the so-called 'Bantu-speaking people' gradually created a heterogeneous group of 'mixed people' later to be called coloured (Marais, 1939, Erasmus, 2001). This group was subjected to a specific cultural, political and economic experience and developed into a poor and landless wage labour class by the end of the 19th century (Marais, 1939, Turner, 1987, Edgar, 1992, Erasmus, 2001). Although many coloureds possessed an African or Asian genetic heritage, they had adopted much of their culture from the European colonists (Ziervogel, 1944).

Before 1948 and the segregation of Apartheid, many Capetonians believed their city to be a haven of ethnic harmony and integration, but 'de facto' segregation was well established in many amenities, social activities and institutions between 1875 and

1902. Segregation took on different forms in different places. The relationship between ethnicity and division of labour in different places and timing of outbreaks of war and disease was also a contributing factor (Bickford-Smith, 1993 and 1995). In the case of cities, function and geographical location could also affect the extent and nature of the segregation. It is argued that segregation in cities created an ethnically divided labour force and thus a high degree of control over said labour (Morris[1], 1998). Between 1875-1902 the Mineral revolution (discovery of diamonds and gold in Kimberley and Johannesburg) fuelled this segregation as changes came about in Cape Town's economic activity and demographic composition (Bickford-Smith, 1995, Morris[1], 1998).

At first, the term 'coloured' (as in 'people of colour') referred to black people in general. These were all non-Europeans (Cell, 1982). Only after the year 1900, did it begin to allude to a phenotypically diverse group of people descended largely from Cape slaves, indigenous peoples and European settlers. The majority lived in the Cape hence the term 'Cape Coloured' (Ziervogel, 1944). The Cape Colony was therefore initially characterised by a two-tiered racial society with coloured people sharing to varying degrees the assimilation of Cape colonial culture and the overwhelming condition of poverty (Turner, 1987).

Economic transformation brought about by the emergence of an increased coloured self-awareness expressed through organised separate coloured politics began late in the second half of the 19th century. It was marked by rapid economic change through industrialisation, migration, urbanisation, unemployment and a shift in colonial racial

communication (Van der Ross, 1973, Turner, 1987). The number of Africans in Cape Town rose from 1899 undermining the competitiveness of the poor coloured and white labouring class in the job market (Goldin, 1987). As a result influx control for Africans was introduced, marking the beginning of a three-tiered racial hierarchy in the Western Cape. In the official colonial communication from 1904 onwards three clearly defined race groups in the Colony – white, Bantu and coloured – were distinguished. The conscious crafting of a coloured middle-position began with this development that had a tremendous impact and consequences for socialisation and identity formation (Goldin, 1987, Turner, 1987). While the state pushed racial segregation, a coloured elite, increasingly aware of the deterioration of their status, began to organise for coloured rights. At this time, the discrimination against coloured workers on the white job market increased. There was also a split along class lines within the group classified as coloured. They split in terms of there socio-economic status as well as language, with the majority of upper-middle class people speaking English and most working-class members adhering to Afrikaans (Turner, 1987, Van der Ross, 1973).

In the Western Cape, this group of people was first called 'coloured' in the 1904 population census and later classified as such under the Population Registration Act of 1950 under Apartheid legislation. This act (Act 30 of 1950) defines a 'Coloured person' as a person who is 'not a white person or a Bantu' (Goldin, 1987). During the 1920's and 1930's coloured persons faced the gradual demise of political and economic rights. African people became completely marginalized in those years. The majority of the coloureds remained working-class people, struggling with the

declining employment opportunities, insufficient housing, health and schooling facilities and suffering from increasing segregation in both urban and rural areas (Cell, 1982). State policies of preferential treatment for coloureds over Africans before 1948 placed them in an intermediary category. Being accepted as coloured by the white government implied various socio-economic and political benefits for both upper class and working-class people (Barth, 1969, Lipton, 1989). State imposed separation between African, coloured and white workers through labour preference for whites over coloureds and coloureds over Africans, and through influx controls for Africans, laid the foundation for identifying along imposed group lines to maintain one's socio-economic position (Turner, 1987, Van der Ross, 1973 and 1993).

Post-1948

In 1948 the Nationalist Party came into power. The passing of the Group Areas Act in 1950 empowered the government to zone areas exclusively for each one of the population groups and residential segregation began on a large scale (Barth, 1969, Cell, 1982, James and Simons, 1989). With the removal of coloured people from the voters' role in the Cape in 1956, their political segregation was almost completed. Through the rigorous enforcement of the Group Areas Act, one in six coloured families were subjected to forced removals and relocated into one of the coloured townships, destroying whole communities and families. By 1975, coloured families represented 63% of the total resettlements (Turner, 1987).

According to Venter (1974), the Group Areas Act also affected land values, causing them to rocket in some areas and plummet in others. On the Cape Flats land values

rose each time a new white area was proclaimed because it meant that more displaced coloureds would shortly be looking for homes in an area already hard pressed to cope with fresh bursts of human occupation.

This was the beginning of a legacy of geographic, socio-economic and political divisions as well as psychological barriers in South African society. Artificial boundaries, constructed over many years, forced people into certain so-called 'ethnic' or 'racial' groups (Turner, 1987, Swilling, Humphries and Shubane, 1991, Pickel, 1997). Since the end of Apartheid, old dividing lines have been legally abandoned, however, structural socio-economic, cultural and political divisions still persist (Pickel, 1997). Even in the post-Apartheid era the study and discussion of ethnicity, merely as a concept, remains a sensitive issue. Pickel (1997) and Pinnock (1997) confirm that a resurgence of ethnic consciousness began after 1990 and continued after the 1994 national elections.

1.3.2. Theory of social identity

Group area removals were not simply about loss of physical home and community. It was about a loss of security, stability, autonomy and even a sense of family, friendship and self (Erasmus, 2001). In South Africa the phenomenon of ethnicity or social identity has attracted more academic attention after the end of Apartheid because divisions along language, religion, 'racial' and class lines were perceived as pertinent features of this diverse society (Cohen, 1991, Pickel, 1997). Explaining why a particular group has developed an ethnic identity requires the analysis of its historical origins, its economic, political and social development and how these

factors contributed to the shaping of a particular culture, values, traditions, attitudes and behaviour (Hicks and Gwynne, 1994, Anthias, 1992).

The construction of social categories contributes to achieving a positive social identity and can be understood as one of the most basic human activities employed to simplify a complex social world so that it can be better understood (Tajfel, 1978, 1984, Turner, 1987). Group identities do not evolve in a linear or predictable way and should not be reified as permanent (Goldin, 1987). Ethnicity and community are often used as synonyms even if the spatial boundaries of a community are not always clear and might change over time (Bickford-Smith, 1995).

Tajfel (1978, 1984) states that conceptually, social identity has varied influences (such as varied living circumstances) and complexities in social interaction patterns. Identity (of self and the community) is complex as it influences ones behaviour. In essence, different identities are activated by varying situational cues and then become influential in those circumstances. People compare the world around them to what they know and that automatically categorises people into various social groups as gleaned from the sensory cues they have observed. This process allows people to act more smoothly and effectively as social beings because it allows them to predict how others will act in response to certain situations and behaviours and gives a certain order to life. Thinking of people as having social identities offers conceptual advantages over thinking of them as members of racially identified groups. Thus, identity is constructed as part of a never-ending process influenced by personal, social and environmental forces. It is a complex web of interrelated concepts that people

hold about who they are, how they live and what they want from life. Identity, like culture is a silent influence that people do not notice because it is always present – in their homes, within families and the community. Pickel (1997) agrees in that, even though ethnicity is a construct, it can gain meaning for individuals and for groups at certain points in time. Is this what dental modification practices have become to the coloured people?

1.3.3. Specific coloured identity

The compartmentalisation of the South African population under Apartheid into politically, socio-economically and culturally segregated areas has contributed to a distinct in-group perception in the coloured communities. There is thus a search for identity on an individual level and a communal level. The historical development of coloured people in the Western Cape from the early colonial days until the end of Apartheid is a key issue (Pickel, 1997).

It is important to understand that coloured identity developed apart from the influences of white and black people. This separateness could well have had an impact on their behaviour and the social 'norms' that they have developed. According to Tajfel (1984), identity issues have to be located and analysed both in the context of politics and on a cultural level. Thus, class background; education, religious affiliations and value systems customary in social networks are essential factors shaping personal as well as social identities. Religion is another important dividing tool to separate people into groups. Early in the 19th and 20th centuries, the Europeans saw this as an opportunity to not only divide and rule, but also

simultaneously to stem the rise of Islam, and thus began the evangelising of the people to Christianity (Absalom, 2001). Regardless of the good things that religion has brought, the coloured people grew away from each other and became more divided into Christian and Islamic groupings (Van der Ross, 1993).

South African society has primarily been structured along the lines of colour overlapping with class. The historically developed, and state imposed, ethnic or racial divisions tend to coincide with social class (James and Simons, 1989). Whenever class and race or ethnicity overlap, societal cleavages are entrenched and likely to be reinforced and exploited by the group in power to maintain its dominant status (Tajfel, 1984, Turner, 1987). For persons classified as coloured, a middle position in the ranking order developed historically (Van der Ross, 1973, 1993). While they were in a subordinate position in the social hierarchy, the racial classification system placed coloured 'higher' than Africans. Thus racial classification played an important role in individual and group identity formation. Being born into a specific group meant being classified according to one's skin colour, which determined the socio-economic and political status of individuals (Goldin, 1987, Turner, 1987).

The rigid Apartheid racial classification system in South Africa in itself was a system of external identity formation that imposed social categories and stereotypes on individuals and that made them subjective carriers of a set of values and beliefs (Turner, 1987). These socialised identities still persist today. However, they are also open for renegotiation and reshaping. Pickle (1997) stated that categories of social groups (blacks, whites, Jews, Muslims, etc) become the most important

simplifications as individuals establish their own membership into one or several categories in the course of socialisation. Thus, groups become associated with a set of behavioural expectations, dispositional attributes as well as positive and negative evaluations.

Socialisation in a coloured group area, shaped personal identities and contributed to a pool of shared group experiences that whites or Africans did not have. So-called group markers focusing on language, religion and a shared history are lasting factors of coloured socialisation that are as important as class background, which involves education, occupational status, social mobility, etc (Absalom, 2001, Erasmus, 2001). While personal identities certainly influence intergroup relationships, the latter also impact on the shaping of personal attitudes, stereotypes and prejudices (Van der Ross, 1973, Turner 1987, Burgess, 2002).

Socially, segregation was enforced to such an extent that coloured people almost exclusively remained among themselves. The context of coloured socialisation differed from that of whites and Africans. Thus, socialisation primarily took place in the community, through schools, universities, churches, etc. in a coloured environment with most white and African people already in spatially divided areas (Turner, 1987, Erasmus, 2001). In the vast population relocations of the 1960's and 1970's, most extended family and community networks fell apart as people were randomly packed into tiny nuclear family houses and apartments on the Cape Flats (Pinnock, 1984). This would have become a time when everyone would search for their roots and trying to discover how they fitted into their 'new' communities.

1.4. Objectives of this project

There are no data that demonstrate the frequency of dental modification in the Western Cape. There are no data, which explain the reasons behind the practice of dental modification. This thesis will therefore add to the knowledge on coloured people and assist in the understanding of dental modification practices here in the Western Cape. To answer 'why', 'when' and 'how' questions about the practice of dental modification in the Western Cape, a number of research questions are posed:

1. What is the prevalence of tooth modification among the people on the Cape Flats in the Western Cape?
2. Where is it being practiced?
3. What are the styles of the dental modification?
4. What is the motivation for the tooth removal?
5. How far back in time does this practice extend?

CHAPTER TWO

BACKGROUND TO DENTAL MODIFICATION

2.1. What is dental modification?

The term dental modification is used to describe a ritual or decorative alteration of the dentition (Fitton, 1993). The three main methods of dental modification are tooth avulsion (extraction), true filing (filing either the occlusal or mesial and /or lateral surfaces of the teeth) and tooth chipping (medial and / or lateral surfaces and buccal and / or lingual surfaces) (Singer, 1953). The modification is usually carried out so as to be bilaterally symmetrical (Bachmayer, 1982). Thus, dental modification – for this project – is the intentional removal of the anterior teeth (incisors).

2.2. Why practice dental modification?

Humans want, for one reason or another, to alter the natural form and appearance of their bodies. The most extreme accomplishments in this direction included: deforming the head and feet, piercing the earlobes, lips and nostrils or any other body part that catches their fancy; scarifying and tattooing; stretching the neck and modifying the front teeth. With the spread of Western Civilisation during the last few centuries, some of these practices have changed and others have disappeared.

The two more widely spread practices are piercings and tattooing. The practice of body piercing (piercing a hole through the skin) and inserting an object (either a piece of ivory, bone, shell or metal) for ornamental wear has been around for millennia (Herreman, 1986). The most conventional form of piercing today is ear piercing. It is practiced by both sexes. The reasons for body piercing have changed over time and

from culture to culture. In the past, the Tlingit of southeast Alaska, practiced ear piercing to display their rank in society. Therefore, more ear piercings meant a higher social position (Herreman, 1986). Similarly, nose piercings were considered a mark of distinction and prestige, especially among the people in Mexico and India. In Africa, eastern and middle-eastern countries as well as Mexico, piercing of the ears was often accompanied by stretching the earlobes to accommodate ear-spools and plugs or wearing heavy earrings (Doyle, Johnston and Wood, 1997).

Tattooing has been practiced since ancient Egyptian days and is still a popular form of body adornment even today (Doyle, et al., 1997). Different societies tattoo different parts of the body. Samoan men covered their lower bodies with tattoos while Maori men covered their buttocks, thighs and faces. The process was extremely painful and began in early adulthood. The facial tattoos were markers of individual identity as no two patterns were alike. Maori women only tattooed the lips and chin (Herreman, 1986). In Africa, scarification was more prevalent than tattooing. It was said to make women more attractive to men and was a testimony to their being able to endure the pains of childbirth (Doyle, et al., 1997).

There are numerous documented reasons for altering the appearance. These include punishment, ornamentation (beautification), tribal identification, initiation at puberty, social status and as a sign of mourning. *Punishment* – The Ashanti (Ghana) practiced body modification on their war prisoners and the Inca (Peru) used it as punishment for betrayal. These included either dental modification, tattooing, cutting off a finger or part of an ear (Shaw, 1931, Eliade, 1958). *Ornamentation* – Scarification (cutting into the flesh so that it forms ridges upon healing) among the Nuba of the Sudan is

seen as a beauty treatment symbolising sexual status and facial beautification by the Bantu tribes of South Africa. Today (especially among the youth) tattoos and piercing are often used for 'shock value' i.e. making them stand out in a crowd (Shaw, 1931, Nanda, 1987, Haviland, 2000). *Tribal identification* – Some Namibian people used different styles of dental modification to distinguish between their tribes (Shaw, 1931). *Initiation at puberty* – Australian Aboriginals and tribes in Northern Africa use body modifications to mark the transition from one stage of life to another (rite of passage from childhood to adulthood) (Shaw, 1931, Eliade, 1958, Nanda, 1987, Haviland, 2000). *Social status* - Only a person of high rank / status would have the modification thus distinguishing them from everybody else in that society (social status) e.g. cranial deformation among the Maya (Mexico). Also a modification on some men (e.g. the lip disk among the Kayapo – Brazilian Indian adult men) is a symbol of fatherhood (Eliade, 1958, Nanda, 1987, Haviland, 2000). *Sign of mourning* – Asian peoples use body modification (e.g. hand mutilation – chopping off part of a finger) as a sign of mourning (Shaw, 1931, Eliade, 1958, Nanda, 1987).

There are aesthetic ideals for how teeth should 'appear' but these ideals and how they are attained, vary greatly in different cultures. The western ideal of dental beauty, is straight, white, vertically positioned anterior teeth that are all present and accounted for (Scott and Turner, 1997). Except for correcting occlusal problems, individuals are less concerned with the appearance of their molars because these teeth have low visibility in social interactions.

The western ideal of 'eye-catching' anterior teeth is not universal. In some cultures, straight white teeth are far from the ideal. Groups from many parts of the world, especially Africa and Southeast Asia, modify their tooth morphology through

artificial deformation. These practices of dental modification range from the intentional removal of teeth to modifying crown form through filing, incising, chipping, staining, banding and insetting (Larsen, 1985, Alt and Pichler, 1998).

2.3. A brief history of dental modification practices

2.3.1. Dental modification as a cultural practice

Dental modification is a fascinating cultural practice that has enjoyed a long and diverse history in many populations around the world. The modifications often involved the upper and/or lower incisors. According to Van Reenen (1977) and Bachmayer (1982), dental modification of the teeth was usually a tradition found amongst the people who practiced it. Many scientists (Davies, 1972, Van Reenen, 1977, Bachmayer, 1982, Gould, Farman and Corbitt, 1984, Scott and Turner, 1997) agree that the incentive for the modification may have related to rites of passage, status differentiation, religious connotation, simple cosmetics or other cultural motivations i.e. ethnic markers or tribal identification. Also, the mutilations were in some cases undertaken as a treatment for illness (Erlandsson and Bäckman, 1999).

According to Kennedy, Misra and Burrow (1981), up until the 1980's, dental modification was still practiced in India among many tribal populations. The most common forms of dental modification here were notching, cutting and chipping of the occlusal surface and the drilling of holes on the anterior surfaces for stone inlays in the incisor and canine teeth.

2.3.2. Dental modification in Africa

During recent decades African dental modification has been found almost exclusively in tribal people (Briedenhann and Van Reenen, 1985). Erlandsson and Bäckman (1999), explain why it is more common amongst tribal people by stating that the practice of dental modification is not generally found in countries where urbanisation and education are the factors, as the advancement in education and communication tend to change some of the existing culture.

Van Reenen (1978a, 1978b, 1986) by himself and in collaboration with Briedenhann (1985, 1986) has written much about the practice of dental modification amongst the tribal Namibian people. However, very little is known about the reasons for the practice, as it did not always coincide with the onset of puberty as stated by the various tribes. Traditions such as dental modification tend to endure through the ages, but there is verification that the practice is disappearing among the peoples of Namibia although it is usually still encountered among the older people. The San did not have a specific style of dental modification of their own but copied a style practised by other tribes (Van Reenen and Briedenhann, 1985, 1986, Van Reenen, 1986). The style of dental modification however varied from one group to another and had tribal significance. Each tribe had adopted an individual style of dental modification, which was linked to the geographical distribution of the tribes (Van Reenen, 1986, Briedenhann, 1987).

The habit of dental modification was a part of tribal rites of passage. The practice is believed to enhance beauty among the Chokwe (found in Angola and The Congo). The women of the Mhuila tribe of Southern Angola have their two upper central

(maxillary) incisors removed as it is their traditional beautification and is carried out after puberty. The Tonga people in southern Zambia also carry out a similar practice. However, they remove all 4 maxillary incisors and tooth removal occurred in both sexes. According to Jones (1992) David Livingston alluded to the source of the custom, which reflected their agricultural life. It was said that their object was to be like oxen; and those who retain their teeth, they were considered to resemble zebras. Oxen were venerated but zebras were hated. Both the Mhuila and the Tonga people raise cattle (Jones, 1992, 2001). Singer (1953) also observed this practice in Namibia and Angola. The four upper incisors were knocked out according to tribal custom having no connection to puberty rites with the reasoning that it was done so that they did not resemble zebras but oxen.

Van Reenen (1977) and Singer (1953), state that dental modification was not regarded as a custom practised by the black peoples residing in South Africa. Van Reenen (1978b) mentions that the contact in Southern Africa between white and black people over the last three centuries has had a vast impact on certain traditional cultural practices of the indigenous black populations. Improvements in communication and education seem to have had an important influence in dropping certain black tribal customs such as dental modification.

It was reported by Shaw in 1931 that some South African negroes that he examined had modified teeth. The tribes included Zulus, Xhosas, Basutos, the tribes of Namibia and some tribes in Zimbabwe. All were males and none of these had extracted teeth. It should be noted that Shaw's observations were done on skeletons from a cadaver collection. Similarly, Davies (1972) mentioned that tooth evulsion was found 'from

the Sudan to the tribes of the Cape Province'. It appears as if the Broederstroom people (about 500AD) practiced tooth removal as a form of dental modification (Van Reenen, 1977). According to Sawyer and Allison (1992) in recent years, dental modification appears to be limited to countries further north in Africa.

When Ralph Bunche visited Cape Town in 1937, he mentioned walking in District Six and a coloured girl smiling at him with no front teeth (Edgar, 1992). Similarly, in his study of 'Cape Coloured' males, Van Wyk (1939) spoke about the difficulty in doing some of the head measurements because of the missing front teeth.

2.3.3. Documented motivations for dental modification

Considerable attention has been directed toward the motivational bases for these dental modifications. Depending on the specific tribes or individuals involved, reasons given for extractions and filing of teeth have included initiation ceremonies concerning puberty, marriage or entry into a warrior society. Shaw's (1931) reasons for modification included punishment (from the Ashanti), ornamentation (to resemble cattle or as proof of endurance) and as a tribal mark (proof of identity). Specific patterns of dental modification are performed in order to improve personal appearance, to provide a form of tribal and intra-tribal class identification, to improve masticatory function (Gould, et al., 1984) or to apparently facilitate oral sex (Konnild, n.d., Van Wyk, 1976). In some tribes the dental modification carried religious significance for the individual involved (Gould, et al., 1984, Konnild, n.d.).

In his 1969 paper, Pindborg stated that dental modification in Uganda persisted in populations due to local customs or superstitions. There the canines were removed in

children for medical purposes – to prevent fevers. Erlandsson and Bäckman (1999), added to this in stating that the extraction of the lower permanent incisors were usually for tribal identity or a treatment for illness (such as tetanus). Ritual dental modification as a treatment for illness has been applied for thousands of years and is still carried out – at a lower incidence. However, the custom is limited to isolated areas where accessibility to medical treatment is limited (Erlandsson and Bäckman, 1999).

In his1982 paper, Bachmayer stated that the high prevalence of dental modification among the San were because they were still living within a tribal system and were thus subject to fewer outside influences. There are numerous theories as to why dental modification is practiced and it seems that different people each have a different philosophy regarding this custom.

In his travels through Sub-Saharan Africa, Konnild (n.d.) observed many forms of dental modification in various countries. He states that one of the reasons for removal of the lower incisors was to correctly pronunciate Nilotic languages. Another of his reasons for tooth extraction was to ensure eligibility for marriage among the Dinka.

Konnild (n.d.) is said to have observed tooth avulsion as a form of dental modification related to the 'sexual life of the coloured people'. Van Wyk (1976) also mentions tooth extraction to facilitate oral sex. Here individuals had removed their central upper incisors to apparently facilitate fellatio (sucking of the penis). Konnild (n.d.) also mentions a rumour that a similar type of mutilation and practice was present among the white people. Their observations were unconfirmed. By mentioning this dental modification practice in the Western Cape, Konnild (n.d.) and Van Wyk (1976)

alluded to the much debated 'socio-sexual' theory ('passion-gap') that has been doing the rounds for quite some time until Morris[2] (1998) suggested that this theory may not only be incorrect but offensive, thus suggesting his new term of 'Cape Flats Smile'. Except for these anecdotal stories about dental modification (which maintain stereotypes), it has been assumed that there had been no dental modification practices in the Western Cape. Why then is it being practised in the Western Cape region of Southern Africa?

2.4. Previous research on dental modification in the Western Cape

The only known study on dental modification in the Western Cape was done in 1990 by an undergraduate Bachelor of Science student at the University of Cape Town on 120 (60 males and 60 females) coloured people (Davies, 1990, Morris[2], 1998). All the study subjects were selected because of the presence of dental modifications. Thus, no frequency data are available. The survey was done by means of a questionnaire and yielded some interesting results. The average age of tooth removal was 15.6 years and 16.6 years for males and females respectively. Nearly all 120-study subjects had the dental modification done between the ages of 11-20 years. Thus, it occurred during their adolescence (teenage years). More removals of teeth were also done between 1979 and 1981 than the spread of the sample would have predicted. Thus something significant would have happened during that period. A choice of five reasons for dental modification was presented to the interviewees. Half of the male sample gave fashion as the reason for modification whereas the females (65%) chose medical reasons for the modifications. The study subjects were all aged between 18 – 40 years old at the time of the investigation. Therefore, with this

limited spread in age, no data are available to study how far back in time the practice goes which is also confounded by the small study sample.

CHAPTER THREE

MATERIALS AND METHODS

3.1. Materials

3.1.1. The Study Area – geography and history

The study area for this project comprises a roughly rectangular area, limited by the R300 Road to the east, Voortrekker Road to the north, the N2 National Highway to the south and Valhalla Drive to the west (refer to Figure 3.1a and 3.1b). The area is often referred to as the 'Northern Suburbs' of Cape Town and has been demographically shaped by the past 40 years of Apartheid history.

Figure 3.1a: Map showing the area of study.

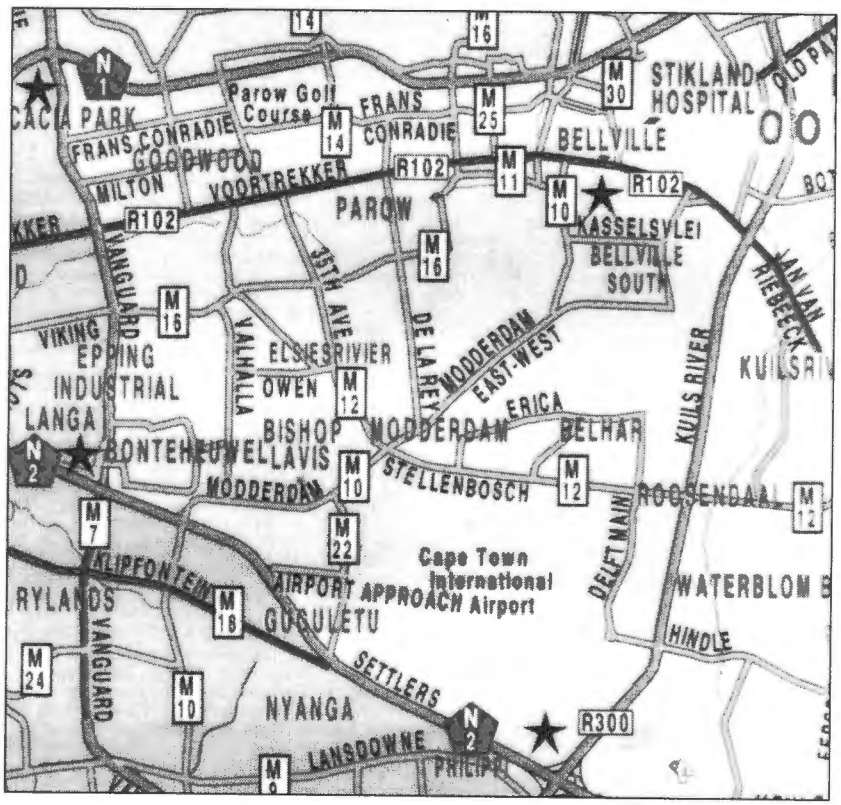
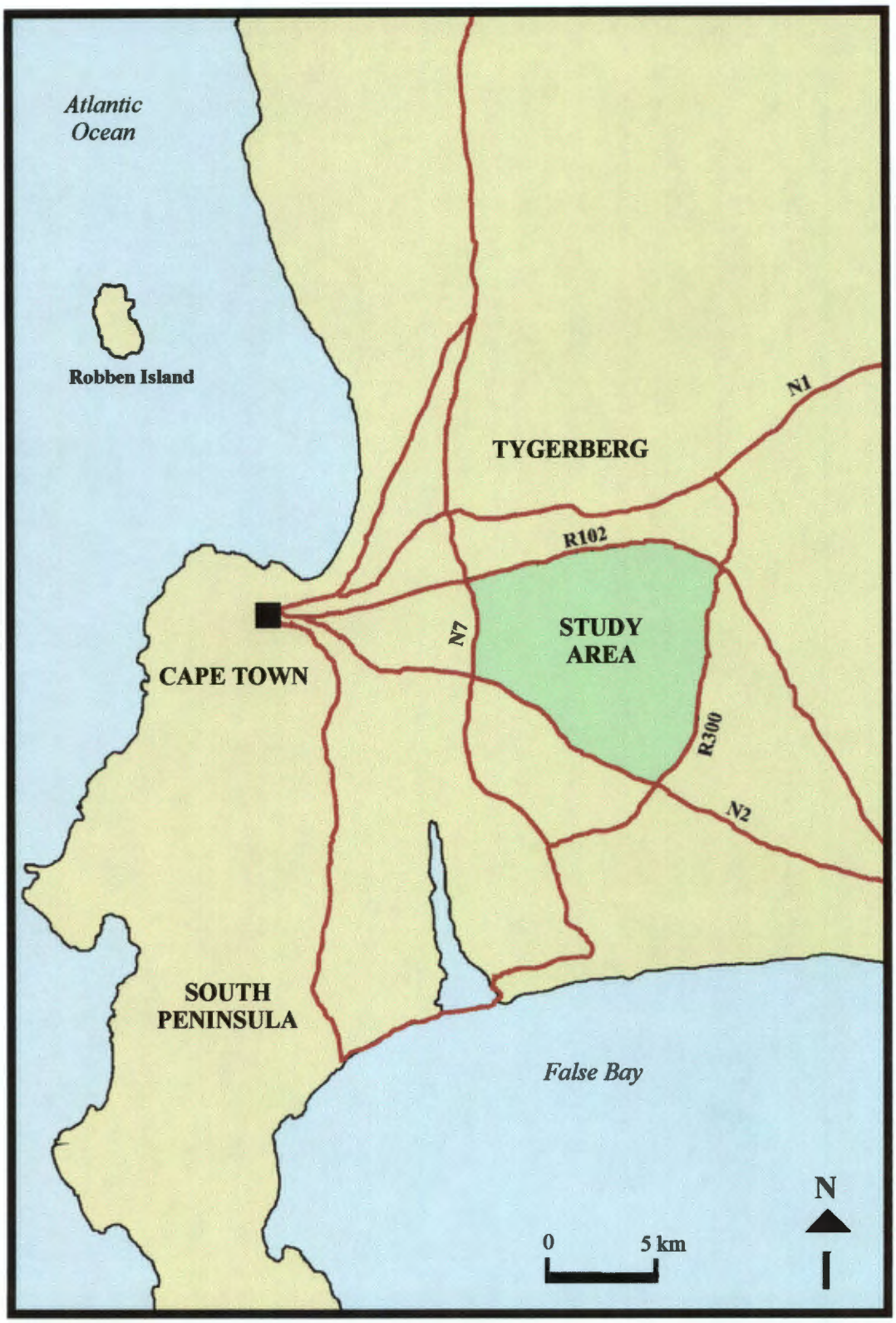


Figure 3.1b: Map of study area in greater Western Cape Metropole.



The geographical distribution of people in Cape Town has been formed by the social engineering of the old National Party during its tenure as government between 1948 and 1994. The National Party implemented the system of '*Apartheid*' in 1950 (Absalom, 2001). This system based its first legislation on the 'Urban Areas Act', which was introduced in 1923 with the intention of reducing slums in the immediate areas surrounding Cape Town. The new Act, the 'Group Areas Act' No. 41 of 1950, was intended not just to clear slums, but also to remodel the entire demographic profile of the Cape Town suburbs. This process particularly affected the Northern Suburbs. Scheme houses were built far away from the city (on the then desolate Cape Flats area) for occupation by those displaced from the slums when they were cleared. Those forcefully removed from their properties were forced to live within certain areas specified along racial lines as residentially mixed areas would be eliminated. This led to specific areas being reserved for 'Whites Only' and 'Coloured townships' such as Bishop Lavis and Tiervlei (later divided into two areas and called Ravensmead and Uitsig), Belhar, Valhalla Park, Elsies River and various areas in Bellville and Parow being built (Cell, 1982, Absalom, 2001). Each of these new Suburbs had a different origin that is outlined below.

Tiervlei, Bishop Lavis and Valhalla Park

These predominantly sub-economic areas were built in the late 1960's to early 1970's specifically to house people displaced by the Group Areas Act. The land was generally regarded as unattractive for human habitation because of the sandy terrain, low-lying damp and exposure to the prevailing winds, which blew continually. The planners of the day decided these would be ideal areas to settle the misplaced people as it was relatively close to the developing industrial areas. In their view, these lower

income areas would provide a source of industrial labour for the factories with the advantage of lower transport costs for the workers. The houses are basically identical in fabric, shape and size. Those employed generally occupy low-income jobs – the population is thus essentially working class with a low number of professional people. More than 60% of residents earn less than R12 000 a year (Du Plessis, 1998, personal communication with Mrs Franklin, Bishop Lavis Library on 19/06/2003).

Belhar

Like Tiervlei, Bishop Lavis and Valhalla Park, Belhar (refer to Figure 3.2) was established in the early 1970's as a residential area only. The difference was that this was an area initially established for professional people – nurses, lawyers, doctors, teachers, accountants and etc. Today, although Belhar has expanded to numerous extensions (most of which are low income areas), the original residential area is still home to the middle and upper income groups (Mrs Barreirro, Belhar Library head librarian, personal communication on 18/06/2003).

Elsies River

Elsies River (refer to Figure 3.2) is different from other coloured areas because it was not settled specifically to cope with Group Area removals from other parts. It was initially operated as a halt where Elsies River Station is today. Three kilometres south of this halt was the wagon road to Stellenbosch. Thus it acted as a resting place where passengers could get refreshments and as a watering place for thirsty horses.
People came is three 'waves'. Firstly, at the beginning of the Anglo-Boer War, thousands of people were thrown out of the then Transvaal and Orange Free State. There was no work and poverty increased. As people from the North disembarked

from the nearby railway, they put up shacks in the surrounding bush and stayed as wood (from the surrounding bush) and water (from the river) was plentiful. Secondly, farm labourers and families forced to leave the surrounding farms and moving in from rural areas to Cape Town around the 1920's to 1933. This was the time of the Great Depression and the land was cheap but not suitable for farming as it was regularly flooded. The third wave came with industrialisation and a subsequent decrease in farming and agriculture (personal communication with Mrs Jeffrey, Elsies River Library on 13/06/2003).

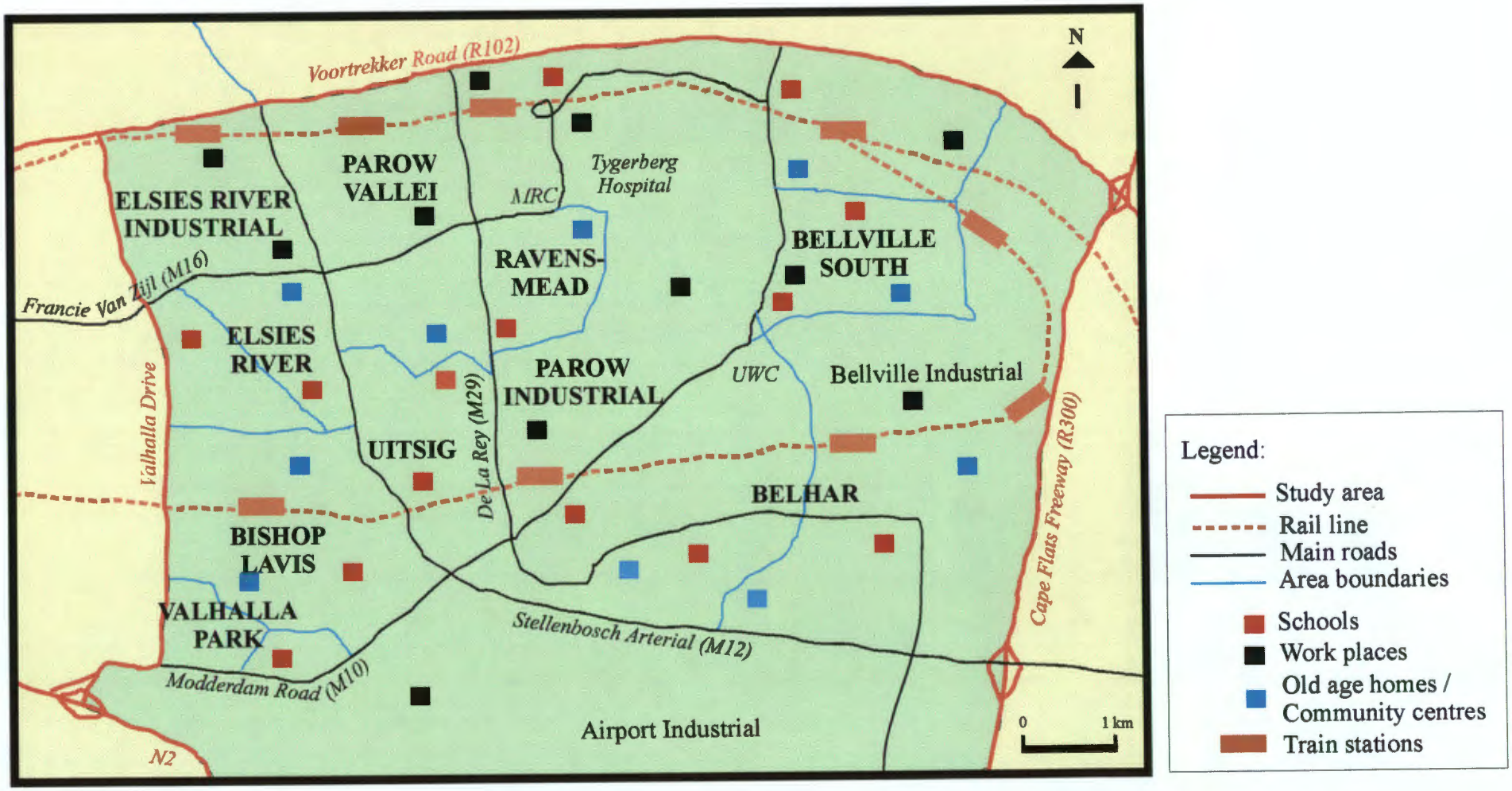
Parow

Before the year1900, what eventually became the suburb of Parow was farmland that surrounded the railway lines. It was named after Johann Parow, who bought up vast tracks of land after the 'boom' in the Bellville area. His foresight was justified as many people fleeing south to escape the ravages of the Anglo-Boer War came and settled here. Many shops and businesses soon opened which increased the residential potential in the surrounding areas. More people meant more children and eventually a Primary School was built. By 1921 many factories had been established in Parow. Industrialisation resulted in more families moving to the area and in 1922 secondary education was introduced. A High School was finally built in the area in 1931, which serviced both Parow and Bellville (Du Plessis, 1998, personal communication with Annette, Parow Library on 17/06/2003).

Bellville

Bellville began by accident. In 1859 the South African Railway Company began constructing a railway line from Cape Town to Stellenbosch across the Flats. There

Figure 3.2: Map of full study area.



were only two stations along the route, Salt River (near Cape Town) and Durban Road. A village sprang up around the Durban Road station and in 1861 the village was named Bellville after Charles Bell, the Government Surveyor. The area around the station thrived with people from all nationalities settling in the surrounding areas. Bellville was thus not only a residential area but one of commerce too (Du Plessis, 1998). Residential patterns were already developing within the community. More and more people of colour began settling south of the railway lines and those of European descent settled north (personal communication with Melanie, Bellville Library on 17/06/2003).

After the Second World War, the settlements of Elsies River, Bellville and Parow were still separate from each other. It was only after the 1960's when industrial development picked up that the areas started expanding (from the core regions) and growing closer to each other (personal communication with Melanie, Bellville Library on 18/06/2003).

Thus unlike townships such as Tiervlei (later Uitsig and Ravensmead), Bishop Lavis and Valhalla Park which were established as low income areas, Bellville, Parow and Belhar had middle-class and upper class areas too. Despite the abolition of group areas legislation in 1991, the entire study area has essentially retained its inherited structure. Social space was thus structured in terms of socio-economic variation. Initially, when the towns were small, there was no differentiation in social space. However, with the expansion of urban settlement, differentiation of social space occurred (Du Plessis, 1998, Mrs Barreiro, Belhar Library on 17/06/2003). All study

3.1.2. The Study Area – social categories within the communities

The areas chosen for the study were adjacent to each other for continuity of area and ease of comparison (Figure 3.2). Ideally, the area should be representative of the greater demography of the Western Cape i.e. having people from varied cultural ethnicities and includes peoples who Apartheid classified as white, coloured and black. It also had to have a range of individuals over the full spectrum from teenagers to older adults and socio-economic backgrounds (upper, middle and lower classes). It had to contain at least two of the three localities (schools, Old Age Homes / community centres and businesses) necessary to this study.

The size of the sample area made a door-to-door survey extremely impractical. A better approach was to randomly select 'points' to study within specified areas of the Northern Suburbs. The 'points' were places of congregation where it would be possible to meet with a large number of people from the surrounding areas. This would help to clarify whether dental modification occurs over the entire area or confined to specific areas and communities. Thus the Cape Flats area was first explored by car to discover the schools, businesses, Old Age homes, community centres and community projects in the various areas. Following the exploration by car, schools, Old Age homes, businesses, community centres and community churches were telephonically canvassed to ascertain their willingness to participate in the study.

Study subjects had to reside within the larger borders of the entire study area. In the case of the High school students, 95% of the study subjects lived within the immediate surroundings of the participating schools with the remaining 5% living within the larger study area. Thus 100% of the data were used. This percentage

Study subjects had to reside within the larger borders of the entire study area. In the case of the High school students, 95% of the study subjects lived within the immediate surroundings of the participating schools with the remaining 5% living within the larger study area. Thus 100% of the data were used. This percentage changed for the working people as only 85% lived within the boundaries of the study area, thus disqualifying 15% of the study subjects. The percentage was even less for the retired people as only 75% had lived within the boundaries of the study area for at least 20 years or had family that resided within the area for at least 15 years, thus disqualifying 25% of the study subjects.

Three groups of study subjects were required to gain a proper perspective and a better cross-section of the communities and the practice of DM. This would also help to ascertain the historical time depth of the modifications. The ages of the sample groups range from 14 to 21 years for the scholars, 19 to 60 years for the working group and 60+ years for the retired group. The overlap of ages between the three groups resulted in a good continuity in the sample studied. The total sample for each group was subjectively divided into three socio-economic groups (upper class, middle class and economic class) according to average residential area (property values) and occupation (unskilled, skilled, professional, academic people and entrepreneurs).

3.1.3. The Study Subjects

Ideally each sample group would consist of more than 60 males and 60 females thus having at least 20 males and females each per socio-economic group for the varying age categories.

The sample was broken down as follows: -

- High school students (15 – 21 years old) to obtain current DM cases –by approaching schools in the selected study areas;
- Working people (19 – 60 years old) to obtain DM cases between 1960's – 1990's –by approaching large and small businesses and manufacturing companies and
- Retired people (60 – 75+ years old) to obtain DM cases between 1930's – 1959 –by approaching old age homes, community centres and community churches.

High school students: Although the students would come from two groups i.e. young adolescents (pubertal) – 15 - 17 years old, comprising 886 males and females and older adolescents (post pubertal) – 18 - 21 years old, comprising 418 males and females, they will be considered as one group.

Principals of the various high schools were approached for approval to hand out the questionnaires to the pupils. After approval had been given, the investigator either went to the classroom of the students or met with them in the school hall (if one was available) for a brief explanation of the study / project before the questionnaires were handed to the students and staff who consented to participate. The completed questionnaires were immediately collect in a closed box, and the investigator either moved onto the next classroom to repeat the process or left the school. The time spent with each class / group was limited to about 20 minutes.

Working people: This group was divided into 5-year categories from 20 – 59 years, comprising a minimum of 20 males and females per category. The management and personnel departments of various factories and business offices were approached for approval to hand out the questionnaires to their personnel. Once approval was ascertained, the investigator handed out the questionnaires during lunch and teatimes after a brief explanation introducing the study. The questionnaires were immediately collected. At various businesses, some people refused to participate unless the investigator herself filled in the questionnaires for them – the excuse being that they filled out questionnaires as part of their daily business practice and were not interested in filling in any more forms. In these situations, a small area of either the surgery / sickbay area (at large companies) or tearoom was cordoned off for the interviews to be conducted in relative privacy.

Retired people: Various Old Age Homes, Day Care groups and Activity Centres for the retired or elderly were approached for approval to hand out the questionnaires to those under their care or activity participants. Once approval was ascertained, the investigator gave a brief explanation of the study. Questionnaires were then given to those who were able to fill in the form themselves.

The investigator personally interviewed those who could not fill in the questionnaire themselves, but were still willing to participate in the study. A sample comprising of at least 177 males and females were taken.

The following table represents the number of individuals within the various age categories that participated in this study.

Table 3.1: Summary table of the actual sample for this study.

Age at time of study	N Females	N Males	Totals
15-19	741	538	1279
20-24	61	41	102
25-29	44	38	82
30-34	44	48	92
35-39	54	38	92
40-44	47	46	93
45-49	34	52	86
50-54	33	41	74
55-59	30	20	50
60-64	44	55	99
65-69	29	20	49
70+	35	34	69
Totals	**1196**	**971**	**2167**

3.2. Methods

The investigator conducted the interviews with eligible candidates between September 2002 and December 2002. The interviews were no longer than 20 minutes, depending on the person being interviewed. Questionnaires were then given to those who wanted to fill in the form themselves. The investigator personally interviewed those who could not fill in the questionnaire for various reasons but was still willing to participate in the study. There were no risks to the study subjects, as they remained anonymous.

3.2.1. The Questionnaire

The questionnaire (Figure 3.3) that was used for the interview was approved by the UCT Ethics Committee (see Appendix I – the ethics clearance). The questionnaire was available in both English and Afrikaans. The wording was simple so that no prompting of answers was necessary. The nature of the questions revolved around the study subject's age, residence and tooth removal. Schematic pictures of five styles of dental modification (from Gould et al., 1984) (Figure 3.4) were attached to the questionnaire for ease of identification for the study subjects. Study subjects marked off their form of dental modification. Dental modification – for this project – it is the intentional removal of the anterior teeth (specifically the incisors). From Gould, et al., (1984), the following styles of anterior tooth extraction occurs:

- Extraction of central maxillary incisors
- Extraction of four maxillary incisors
- Extraction of central mandibular incisors
- Extraction of four mandibular incisors

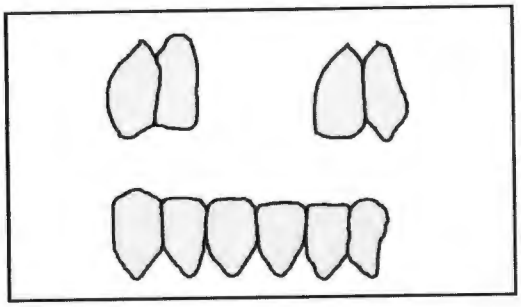
Figure 3.3: Questionnaire used for Dental Modification study

Questionnaire / Vraestel:
Date of interview / Datum van onderhoud: Sex / Geslag M / F
Population Group (as self defined) / Ras(soos self bepaal):
Month and year of birth / Maand en jaar van geboorte:
Where were you born? / Waar is jy gebore?
Suburb where you live now / Woonbuurt waar jy nou woon:
How long are you staying at present address? / Hoë lank woon julle in die buurt?
Do you live in a house or flat? Do you or your parents own or rent it?
Woon jy in 'n huis of woonstel? Behoort dit aan jou of jou ouers of huur jy / julle dit?
Age and year of tooth extraction / Ouderdom en jaar van tandtrekking:
Where were you when you had your teeth modified? (suburb and city)/ Waar het jy jou tande laat trek? (woonbuurt en stad):
Highest academic standard attained / Hoogste akedemiese vlak behaal:
Occupation / Werk:
Have any of your front teeth been extracted? / Is enige van jou voor tande getrek?
Reasons for tooth extractions / Rede vir tandtrekkings:
Reasons for not extracting teeth / Rede waarom jy nie tande laat trek nie:
Do other family members have front teeth extractions? Who? / Het ander familielede voor tandtrekkings? Wie?
How many front teeth were extracted? / Hoeveel tande is getrek?
Were the teeth healthy? / Was dit gesonde tande wat getrek is?
Who extracted the teeth? / Wie het die tande getrek?
Do you wear dentures? When? / Dra jy kunstande? Wanneer?

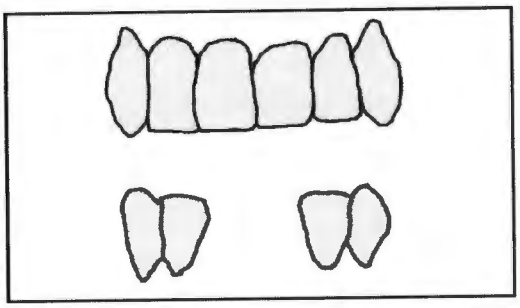
Figure 3.4: Schematic pictures of various styles of Dental Modification.

Choose the style of extraction / Kies die styl van tandtrekking.

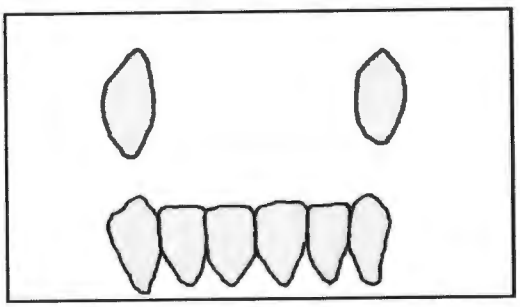
Top 2 central incisors
Boonste middel 2 tande
(Style 200)



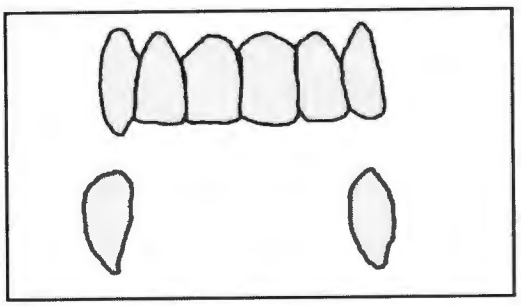
Bottom 2 central incisors
Onderse middel 2 tande
(Style 2)



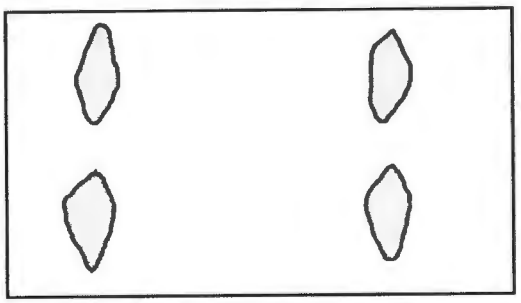
Top 4 incisors
Boonste 4 tande
(Style 400)



Bottom 4 incisors
Onderse tande
(Style 4)



4 top and 4 bottom incisors
4 bo en 4 onderse tande
(Style 404)



- Extraction of four maxillary incisors and four mandibular incisors

The dental modification was classified according to the system below.

3.2.2. Analysis

Invariably the age categories in the tables presented were for age at the time of the study – unless otherwise stated. Various codes were employed for ease of statistical analysis. These were especially useful in the analysis for style of modification, reason for modification and the class structures.

Although only five styles of modification were originally pictorially presented to study subjects (Figure 3.4), upon analysis, it soon became clear that there were six styles of dental modification in both males and females.

The codes were as follows:

- 4 four lower incisors,
- 400 four upper incisors,
- 404 four upper and four lower incisors,
- 2 two lower incisors,
- 200 two upper incisors, and
- 402 four upper and two lower incisors.

Stated reasons for modification were also numerically categorised. The same categories apply to both males and females:

1. *Gangsterism* – as part of the initiation rites into a gang or as a mark of gang membership.
2. *Peer pressure* – tooth removal as a result of encouragement from friends / peers.

3. *Fashion* – conforming to current behaviour within a community.
4. *Medical or Other* – the teeth were removed because of a recommendation by either a doctor or a dentist e.g. abscesses or resulting from a sporting accident or any other incident pre-empting the removal of the incisors e.g. accident.

Stated reasons were clustered into two categories:

- Cultural / Social - gangsterism, peer pressure and fashion
- Medical / Accidental - other

Information on social status was approached in an indirect manner. Three 'windows' were selected:

1. *Income* (pay class) - this was valid for working adults and retired adults as information on occupation and level of income was established during interviews,
2. *Education level* – valid for workers and retired people, and
3. *Property values* in suburbs – valid for workers and students.

Three pay classes were subjectively allocated to the working study subjects who earned a salary. Educational levels were also established. Actual salary amounts were not disclosed, but approximate figures were given:

- Pay class 1 Above R5 000.00 per month,
- Pay class 2 Between R2 000.00 and R4 999.00 per month, and
- Pay class 3 Between R800.00 and R1 999.00 per month.

In the scholars group and working group, the area in which they lived was used to determined social status. The RPPR as well as different estate agents operating in the

various areas were contacted (on 16/09/2003 and 03/10/2003) to ascertain estimated property values. The following values were established:

- Middle class: Above R140 000.00,
- Lower class: Between R80 000.00 and R140 000.00 and
- Sub-economic class: Less than R80 000.00.

The retired group was added to the working pay class group as education levels and occupation before retirement was established during their interviews. This data were deemed as acceptable for social status.

Participants were asked to comment on which population group they belonged to. This category was totally self-defined. They chose to classify themselves by either:

1. Nationality - stating South African,
2. Race or ethnicity – they themselves stated white, coloured or black, and
3. Religion – stating Muslim, Christian, Hindu, etc.

3.2.3. Statistical methods

Most questions concern frequency of occurrence. The technique used most is the Chi squared test. Chi squared tests are used to determine the significance of frequency difference between two groups. The level of agreement is tested between observed and expected values. It is employed with qualitative data to test any significance of frequency patterns or proportion differences between and within groups. All Chi squared values are significant at the $p < 0.05$ levels.

$$X^2 = \Sigma \text{ (Observed – Expected)}^2 / \text{Expected}$$

T-tests were used to compare the means for the average year of dental modification. Regression analysis was employed to test or predict the relationship between the predictor variable (Year of birth) and outcome variable (Year of modification). Coefficient of variation is a measurement used in this case to identify extremes in variation. It is calculated by dividing the standard deviation (SD) of the measurement by the mean multiplied by 100 and expressed as a percentage.

The statistical analysis was done using the Statistica 6 programme and Excel. The results are represented as a probability value. If $p < 0.05$, then the difference between the means is significant (thus not due to chance) and a significant difference exists between the samples tested. A p-value of less than 0.05 indicates a rejection of the null hypothesis of equivalency.

CHAPTER FOUR

RESULTS

There were 2167 study subjects of whom only 888 (41%) had their teeth dentally modified. Males made up 44.8% of the study sample and females 55.2%.

4.1. A summary of the data

4.1.1. What is the frequency of dental modification in the sample?

Table 4.1: Total sample size for the various age categories including numbers with modified and unmodified teeth in males.

Age at time of study	Sample Size	Individuals with Modified teeth	Individuals with Unmodified teeth	% With Modified teeth
15-19	538	200	338	37.2
20-24	41	23	18	56.1
25-29	38	23	15	60.5
30-34	48	23	25	47.9
35-39	38	23	15	60.5
40-44	46	30	16	65.2
45-49	52	32	20	61.5
50-54	41	18	23	43.9
55-59	20	11	9	55.0
60-64	55	22	33	40.0
65-69	20	12	8	60.0
70+	34	18	16	52.9
Totals	971	435	536	44.8

Table 4.2: Total sample size for the various age categories including numbers with modified and unmodified teeth in females.

Age at time of study	Sample Size	Individuals with Modified teeth	Individuals with Unmodified teeth	% With Modified teeth
15-19	741	243	498	32.8
20-24	61	26	35	42.6
25-29	44	11	33	25.0
30-34	44	14	30	31.8
35-39	54	32	22	59.3
40-44	47	29	18	61.7
45-49	34	18	16	52.9
50-54	33	15	18	45.5
55-59	30	18	12	60.0
60-64	44	14	30	31.8
65-69	29	13	16	44.8
70+	35	20	15	57.1
Totals	1196	453	743	37.9

The practice of dental modification appears more common among males than females with 44.8% of males and 37.9% of females modifying their teeth. A X^2 test for individuals with modified teeth between males and females rendered $p < 0.001$. Thus, the difference in frequency between the sexes is significant.

4.1.2. What is the trend of dental modification in the Northern Suburbs of the Cape Flats over time?

Tables 4.3 and 4.4: Total sample sizes in the three study groups.

MALES	n	# Modified	% Modified
Scholars	532	210	39.5
Workers	329	178	54.1
Retired	110	47	42.7
Totals	971	435	44.8

FEMALES	n	# Modified	% Modified
Scholars	772	250	32.4
Workers	335	168	50.1
Retired	89	35	39.3
Totals	1196	453	37.9

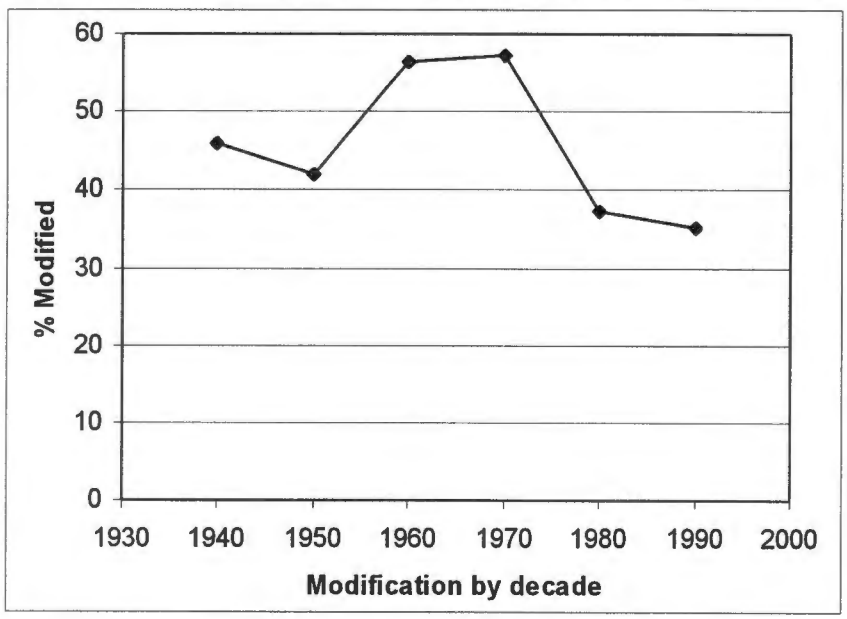
Looking at the percentage of individuals with modified teeth, the practice of dental modification seems to be decreasing. It appears not to be as common now as it was before as fewer scholars are practicing dental modification than the older people.

Table 4.5: Matrix of significant p-values for males and females.

M-workers	<0.001			
M-retired	n.s.	0.04		
F-scholars	n.s.	<0.001	<0.001	
F-workers	<0.001	n.s.	0.03	<0.001
F-retired	n.s.	0.02	n.s.	0.02
	M-scholars	**M-workers**	**M-retired**	**F-scholars**

When comparing the scholars, workers and retired people with each other via the X^2 test, there were no significant p-values between the sexes. Each of the categories is different from the other study groups with the exception that the male scholars are not significantly different from the retired people of both sexes.

Graph 4.1: Individuals who turned 20 years old during specific decades.



Individuals who turned 20 years old during specific decades were placed together to ascertain whether any significance existed between decades of dental modification in the three study groups. The data for males and females have been pooled.

Table 4.6: Matrix of p-values for individuals turning 20 years old in the represented decades.

1950	n.s.				
1960	0.04	<0.001			
1970	0.04	<0.001	n.s		
1980	0.03	0.04	0.001	<0.001	
1990	0.002	0.02	<0.001	<0.001	n.s.
	1940	**1950**	**1960**	**1970**	**1980**

The X^2 tests show no significant difference between the frequencies in the decades 1940 & 1950, 1960 & 1970, and 1980 & 1990. The 1940 – 1950 group showed a lower frequency, the 1960 – 1970 group showed a higher frequency and the 1980 – 1990 group showed the lowest frequency. The X^2 tests do provide significant p-values for each of the three pairs in comparison to each other.

4.1.3. At what age were the teeth modified?

Table 4.7: Current age and age at modification in males and females.

Age at time of study	Male average modification age	Standard Deviation	Female average modification age	Standard Deviation
15-19	15.6	1.66	14.4	1.54
20-24	13.7	1.85	15.9	2.23
25-29	16.7	2.69	15.8	2.86
30-34	15.0	2.54	18.6	4.62
35-39	15.8	1.59	17.8	3.66
40-44	15.8	2.07	18.1	4.56
45-49	17.3	3.13	16.9	2.96
50-54	17.9	3.01	17.5	3.91
55-59	15.2	2.90	19.0	3.38
60-64	19.7	4.17	17.6	2.83
65-69	20.8	3.38	25.3	6.55
70+	17.8	4.61	17.6	4.52
Averages	16.8	2.80	17.9	3.60

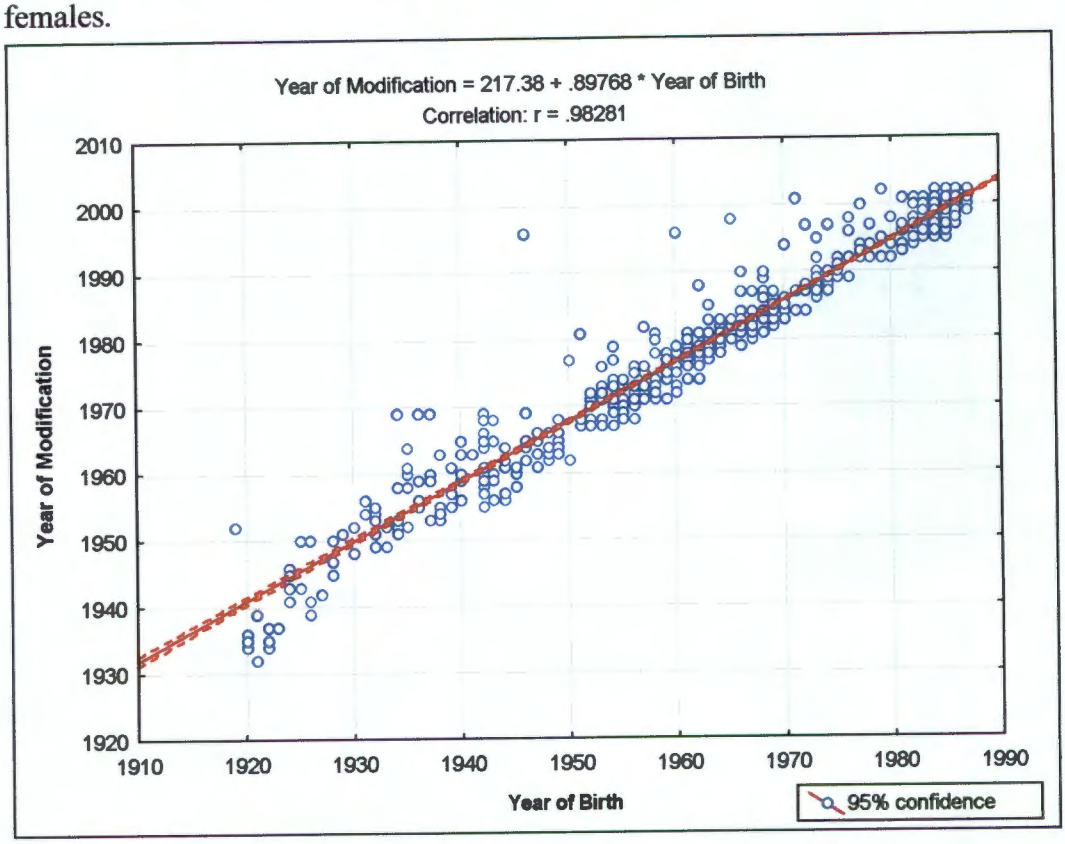
The overall average for males compared to the overall average for females was compared with a t-test. This was significant, $p = 0.02$ i.e. the men were modifying their teeth a year before the females. The mean overall average modification age was 16.8 years for males and 17.9 years for females with standard deviations of 2.80 and 3.60 respectively. Most of the study subjects had their teeth removed before the age of 20 years except for the 65 – 69 year age category, which averaged at 20.8 years for males and 25.3 years for females. X^2 tests indicate no significant difference between age sets with the exception of the 65 – 69 year age category. This age category was significantly different from the neighbouring age categories ($p = 0.006$). There was an increase in standard deviation with age, which could imply that recall of age at modification was less reliable in the old age group. This seem to be particularly true in the case of the 65 – 69 year old women whose standard deviation is over 50% higher than the next most variable data set.

Table 4.8: Average age of modifications in males and females.

Year of Modificatio by decade	Female Sample Size	Female Average Age	Male Sample Size	Male Average Age
1930-1949	13	15.9	15	14.3
1950-1959	23	19.0	26	18.2
1960-1969	46	19.5	39	18.1
1970-1979	38	17.1	61	16.6
1980-1989	53	17.5	48	16.0
1990-1999	157	14.2	173	13.4
2000+	123	15.7	70	15.8
Totals	453		432	
Averages	64.7	17.0	61.7	16.1
SD	54.1	1.9	52.6	1.8

Age of modification decreased over time from 1950 in both males and females. A t-test gave a significant value of $p = 0.003$. The category for the years 1930 - 1949 was different in that the average age for modifications in both males and females were younger. Once again, the standard deviations (Table 4.7) were also larger for this group suggesting that the data could be unreliable because of poor recall.

Graph 4.2: Year of birth versus year of modification - combined data of males and females.



A linear regression of year of birth on year of modification gave a very strong positive correlation of r = 0.98. It is clear that year of birth played a large role in predicting the year of modification, indicating that modification consistently occurred during a specific phase in the lifecycle (late teenage years). There were outliers during year of modification (i.e. individuals dentally modifying teeth later in life) possibly indicating a greater variability in the year of modification for some specific years, which are further examined in Table 4.9.

Table 4.9: Year of modification with high standard deviations (SD).

Year	n	Mean age	SD	CV
1952	6	21.3	5.96	27.92
1956	5	17.2	5.36	31.15
1958	5	18.4	4.83	26.23
1961	7	19.0	4.00	21.05
1963	8	18.1	4.45	24.57
1964	8	19.0	4.69	24.69
1968	13	17.5	4.88	27.80
1969	11	22.4	8.31	37.16
1977	8	18.5	4.38	23.65
1981	11	18.0	5.04	28.00
1988	5	17.2	4.97	28.89
1994	11	14.2	3.71	26.16
1995	15	13.1	2.81	21.54
1996	35	13.6	4.26	31.31

An arbitrary coefficient of variation (CV) of 20% was chosen as a cut-off. Although this value is arbitrary, it was felt that it would be useful in making the very high CV peaks visible. I could discern no obvious pattern linked to historical or social events for these years. While some years such as 1961 (Sharpeville) and 1994 (first democratic election) reflect historically eventful years, other years that were equally significant, such as 1955 (Freedom Charter) and 1976 (Soweto Uprising) are not particularly variable and fall below the 20% cut-off.

4.1.4. What is the geographic distribution of modification?

Table 4.10: Dental modification practices within the set study areas.

Residential area	Sample size	% Modified
Parow	355	14
Bellville	313	17
Belhar	315	18
Uitsig	204	53
Ravensmead	203	55
Elsies River	314	55
Valhalla Park	201	57
Bishop Lavis	262	59
Averages	**271**	**41.0**
SD		**20.5**

Table 4.11: Matrix of significant p-values for the various areas.

Parow							
Bellville	n.s.						
Belhar	n.s.	n.s.					
Uitsig	< 0.001	< 0.001	< 0.001				
Ravensmead	< 0.001	< 0.001	< 0.001	n.s.			
Elsies River	< 0.001	< 0.001	< 0.001	n.s.	n.s.		
Valhalla Park	< 0.001	< 0.001	< 0.001	n.s.	n.s.	n.s.	
Bishop Lavis	< 0.001	< 0.001	< 0.001	0.03	n.s.	n.s.	n.s.
	Parow	Bellville	Belhar	Uitsig	Ravensmead	Elsies River	Valhalla Park

A X^2 test showed there were significant differences ($p < 0.001$) in dental modification practices between two clusters in the study areas. Parow, Bellville and Belhar form one cluster of similar low frequency, while Ravensmead, Uitsig, Bishop Lavis, Valhalla Park and Elsies River form a second cluster of very high frequency with more than 50% of individuals having modified teeth. Thus, residential area has a strong influence on dental modification practices.

4.2. Dental modification styles

4.2.1. What style is the dental modification?

There were six styles of dental modification in both males and females. As mentioned in the methods section, these were coded as follows for ease of analysis:

- 4 four lower incisors,
- 400 four upper incisors,
- 404 four upper and four lower incisors,
- 2 two lower incisors,
- 200 two upper incisors and
- 402 four upper and two lower incisors

Table 4.12: Modification styles in males and females.

Style	Male	% Males	Female	% Female	Totals	% Totals
4	9	2.1	11	2.4	20	2.3
400	413	94.9	419	92.5	832	93.7
404	4	0.9	16	3.6	20	2.3
2	1	0.2	0	0	1	0.1
200	7	1.7	6	1.3	13	1.5
402	1	0.2	1	0.2	2	0.2
Total	435	100.0	453	100.0	888	100.0

A X^2 test showed no significant differences in the style of modification between males and females, $p = 0.67$. The removal of the upper four incisors was the most popular style of dental modification for males, 94.9% and females, 92.5%.

4.3. Reasons and circumstances of dental modification

4.3.1. What are the stated reasons for dental modification?

There were four stated reasons for dental modification. The same reason categories apply to both males and females:

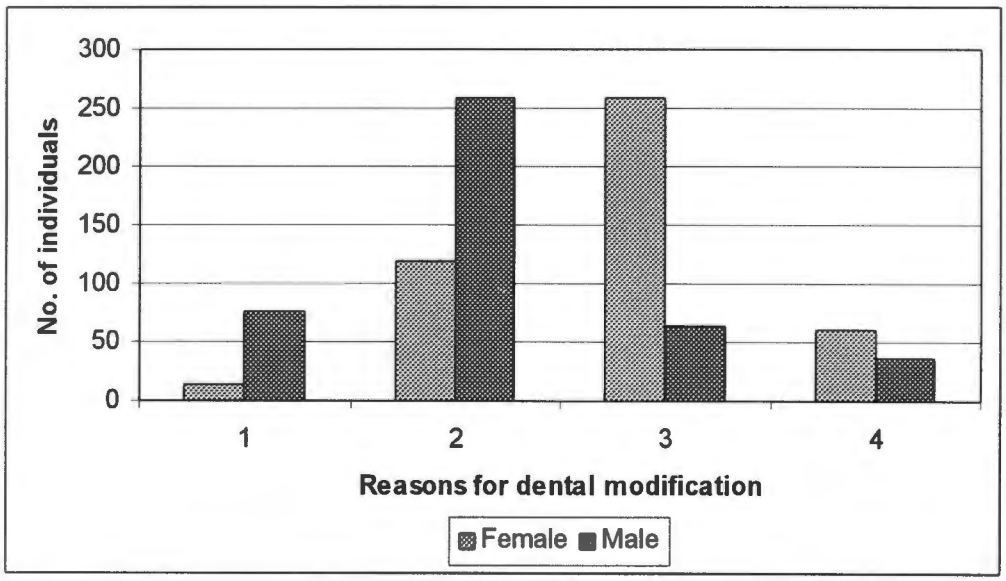
1. Gangsterism
2. Peer pressure
3. Fashion
4. Medical or Other e.g. abscesses or accident

Table 4.13: The number of males and females in the various stated reason categories.

Reason	Male	Female	Totals	%
1	76	14	90	10.1
2	259	119	378	42.6
3	63	259	322	36.3
4	37	61	98	11.0
Total	**435**	**453**	**888**	**100.0**

The sexes pooled data rendered peer pressure (42.6%) the most popular reason for dental modification. Fashion (36.3%) was the second most popular reason for modification. This was followed by medical or other (11%) and gangsterism (10.1%). The above data rendered the following graph (Graph 4.3).

Graph 4.3: Comparison of male and female data.



A X^2 test showed significant differences in the reasons for dental modification between males and females, $p < 0.001$. The most popular reason in males for dental modification was peer pressure followed by gangsterism. The female data indicated that fashion followed by peer pressure was more popular.

4.3.2. Is the relative pattern of gangsterism / peer pressure / fashion and medical or other the same for each age group in the sample?

Table 4.14: Age categories by decade for dental modification in males.

Age at time of study	Gangs	Peer pressure	Fashion	Medical / Other
15-19	46	98	43	13
20-29	11	26	5	4
30-39	3	38	5	0
40-49	7	48	4	3
50-59	0	21	2	6
60-70+	9	28	4	11

Table 4.15: Age categories by decade for dental modification in females.

Age at time of study	Gangs	Peer pressure	Fashion	Medical / Other
15-19	6	56	159	22
20-29	3	14	13	7
30-39	3	9	22	12
40-49	1	11	27	8
50-59	0	15	15	3
60-70+	1	14	23	9

X^2 tests comparing male and female reasons for modification were applied to each of the age categories by decade. The following p-values were recorded.

Table 4.16: P-values for males versus females.

Age at time of study	Male vs Female p-values
15-19	<0.001
20-29	<0.001
30-39	<0.001
40-49	<0.001
50-59	<0.001
60-70+	<0.001

Thus, there was a consistent difference in reasons for modification between males and females whatever their age.

4.3.3. Does the reason for tooth removal impact style of modification?

The most frequent style of modification is the removal of the four upper incisors (style 400), which was found in 94.9% of males and 92.5% of females (refer to Table 4.12). The next most common style accounting for just over 2% of men and women was style 4 (removal of bottom four incisors). The only other frequent modification pattern was style 404 for women (removal of upper and lower four incisors), a style very rarely found in men. There was no sex difference in style frequencies.

The four stated reasons were clustered into two categories – cultural/social and medical/accidental.

Table 4.17: Style of modification in the categories of modification (sexes pooled).

Category	4	400	404	2	200	402	Total
Cultural/Social	3	766	15	1	8	0	793
Medical /Accidental	17	66	5	0	5	2	95
Total	20	832	20	1	13	2	888

A X^2 test showed that the pattern of modification is significantly different between cultural / social reasons and medical / accidental reasons ($p < 0.001$). The overwhelming style of modification (style 400) is purely by socio-cultural choice. The rarer pattern of style 4 is caused by medical or accidental reasons. These data suggest that the lower incisors are at greater risk to injury or disease while the upper incisors are the primary targets for cultural modification. Sample sizes were too small in the rest of the categories to get reliable statistical results.

4.3.4. Who did the modifications?

Table 4.18: Dental modification extractions performed by various people.

Extraction of teeth by:	n	%
Dentist	874	98.4
Town doctor	11	1.3
Family member	2	0.2
Self	1	0.1
Totals	888	100.0

Dentists did the dental modifications.

4.3.5. Have other family members had their teeth removed?

Table 4.19: Entire study sample data for modification within families.

Modification in the family		%
Yes	1682	77.6
No	468	21.6
Abstain	17	0.8
Totals	2167	100.0

The entire study sample was asked to answer this question with regards to Figure 3.4 (see Chapter 3 – Materials section). More than three quarters of the study group indicated that a family member had dental modification.

4.3.6. Do any of the study subjects wear dentures?

Table 4.20: Male data regarding the wearing of dentures for those with modified teeth.

Reason	n	Wear dentures	% Wear dentures
1	76	57	75.0
2	259	197	76.1
3	63	39	61.9
4	37	21	56.8
Totals	435	314	72.2

Of the 435 male individuals who had their teeth modified, 72.2% affirmed that they wore dentures.

Table 4.21: Female data regarding the wearing of dentures for those with modified teeth.

Reason	n	Wear dentures	% Wear dentures
1	14	12	85.7
2	119	73	61.3
3	259	169	65.3
4	61	52	85.2
Totals	453	306	67.5

Of the 453 female individuals who had their teeth modified, 67.5% affirmed that they wore dentures.

4.4. Social circumstances

4.4.1. Does social economic status play any role in the practice of dental modification?

Three pay classes were allocated to those study subjects who earned a salary. Actual salary amounts were not disclosed, but approximate figures were given:

- Pay class 1 Above R5000.00 per month,
- Pay class 2 Between R2000.00 and R4999.00 per month, and
- Pay class 3 Between R800.00 and R1999.00 per month.

Table 4.22: Analysis of income for those with modified teeth (sexes pooled).

Pay Class	n	# Modified	% Modified
1	67	6	9.0
2	480	189	39.4
3	280	216	73.6
Totals	827	411	49.7

A X^2 test gave a significant result, $p < 0.001$. Thus, pay class (income) plays a role in dental modification practices.

Table 4.23: The average value of houses in the various suburbs.

Residential area	Average value of house sale in Rands	% Modified
Parow	345 000.00	14
Bellville	317 500.00	17
Belhar	290 000.00	18
Uitsig	72 000.00	53
Ravensmead	82 500.00	55
Elsies River	95 000.00	55
Valhalla Park	70 000.00	57
Bishop Lavis	100 000.00	59

The value of houses varied between the suburbs. In the areas with higher house values there was less dental modification practiced. Property values are often linked to social status. Thus, social status plays a role in dental modification practices.

Table 4.24: Analysis of highest academic standard attained for those with modified teeth.

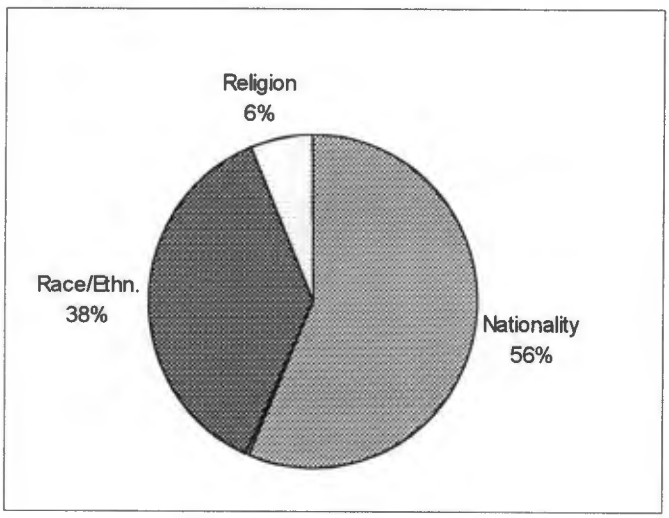
Highest academic standard attained	n	# Modified	% Modified
Std 8 or less	391	274	86.6
Std 9 and 10	241	107	56.8
Matric plus	195	30	13.6
Totals	827	411	49.7

A X^2 test gave a significant result, $p < 0.001$. Higher academic standard and dental modification practices were inversely proportional i.e. the higher the academic standard achieved, the fewer the individuals with dental modification became. Thus, highest academic standard does play a role in dental modification practices.

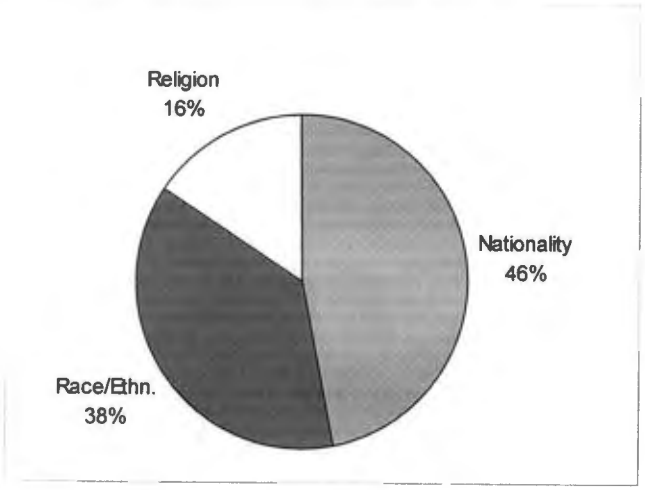
4.4.2. Do race or other forms of categorisation have any role in the practice of dental modification?

Study subjects were asked to self-classify themselves. The following results were found:

Graph 4.4: Self-classification in males.



Graph 4.5: Self-classification in females.



In both the male and female groups, only 38% (respectively) classified them themselves according to the categories of the old Apartheid regime of black, white or coloured. Significantly, 73 males (6%) and 163 females (16%) classified themselves according to religion (e.g. Muslim, Christian or Other), $p < 0.001$ (X^2 test), indicating that religion seems to play a stronger role in female identity. Five hundred and forty five males (56%) and 557 females (46%) classified themselves according to nationality (South African), $p < 0.001$ (X^2 test), suggesting that men were more likely to identify themselves nationally rather than ethnically or by religion.

4.4.3. Is religion or race / ethnicity a significant factor in dental modification?

Table 4.25: Self-classification in the various age categories in males.

MALES	Race / Ethnicity			Religion			Subtotals	Identified as South African only	TOTAL
	White	Coloured	Black	Christian	Muslim	Other			
Total in sample	81	210	62	33	25	15	426	545	971
# Modified	32	181	30	19	15	5	282	153	435
% Modified	39.5	86.2	48.4	57.6	60.0	33.3	66.2	28.1	44.8

Table 4.26: Self-classification in the various age categories in females.

FEMALES	Race / Ethnicity			Religion			Subtotals	Identified as South African only	TOTAL
	White	Coloured	Black	Christian	Muslim	Other			
Total in sample	90	315	71	88	56	19	639	557	1196
# Modified	22	210	23	58	30	11	354	99	453
% Modified	24.2	66.7	32.4	65.9	53.6	57.9	55.4	17.8	37.9

It is very striking that individuals, both male and female, who identified themselves nationally were much less likely to modify their teeth. As noted above women were more likely to identify themselves according to religious background, but for both men and women the religious denomination did not significantly influence the frequency of modification ($p = 0.93$ for men and $p = 0.19$ for women) (X^2 tests).

Of those individuals who identified themselves by race / ethnicity (38% of both men and women), coloured identity produced very high frequencies of dental modification compared to white and black identity. The X^2 tests produced p-values less than 0.001 for males and females, but the comparison between males and females was not significantly different ($p = 0.09$). Although identifying oneself as coloured places the person in the ethnic category with highest dental modification, it is important to note that modifications were also present in the black and white categories. Therefore it is a fallacy to state that only coloured men and women modify their teeth.

CHAPTER FIVE

DISCUSSION

5.1. Dental modification as a part of the coloured 'cultural context'

A stereotype can be defined as a subjective belief in 'something that one has an unduly fixed mental impression of' (Concise Oxford Dictionary, 1976). Stereotypes are thus a consciously crafted ideological creation. Coloured identity is not simply an Apartheid label imposed by the whites. The identity has been made and re-made by coloured people themselves in their attempts to give meaning to their everyday lives. A problem arises from the fact that coloured identity has never been seen as an identity 'in its own right'. It has been negatively defined in terms of lack (Marais, 1939) or taint or in terms of excess that does not fit into the classification scheme. These identities have been spoken about in ways that associate them with immorality (taint), sexual promiscuity (excess), illegitimacy (taint), impurity (taint) and untrustworthiness (lack) (Ziervogel, 1944, Van der Ross, 1973, Venter, 1974, Erasmus, 2001). Thus the coloured identity is associated with feelings of shame.

For decades coloured culture has been relegated to the stereotype level of the annual Coon Carnival parade through the centre of Cape Town over the New Year period. The tradition was a grand one dating from the late 1800's when a troupe of Negro American sailors was said to have 'jigged' their way through the streets of the old city with their banjos and minstrel outfits (Venter, 1974). It is not sufficient to characterise coloured identity only with reference to its content – much that is distinctive about coloured

identity is the condition of its making. Group identity construction involves a two-way process involving the positive self-affirmation of group members as well as the setting up of relationships with other groups in society (Erasmus, 2001). Group coherence can also be developed through a negative relationship with others in society resulting from political or socio-economic developments that are perceived as discriminatory (Pickel 1997). Even though coloureds are considered the stereotype of the 'toothless' people of South African society, it is clear from Tables 4.25 and 4.26 that they are not the only ones practicing dental modification. Surprisingly, a large proportion of white and black males and females within the study area also practice dental modifications similar to that of the coloured people.

5.1.1. The impact of identity on behaviour

A rigid population group classification was not required for this study. Instead, study subjects could identified themselves as they saw themselves e.g. South African, African, black, white, human beings, Christian, Muslim or Other. A further breakdown by gender (Results section 4.4.2) showed that of those who had classified themselves only by race / ethnicity, had more females identifying themselves as coloured - 66.2% of females compared to 59.5% of males. Pickel (1997) postulates that this could often be the result of a lower education in females. However, an overall 68% of study subjects did not to think of themselves in terms of colour. Women identified strongest with religion – 16% compared to only 6% in males. More males (56%) classified themselves according to nationality (South African) than females (46%). One possible explanation could be a higher involvement in politics and 'the struggle' by men than women. Pickel (1997)

states that the existence of multiple forms of identification is an expression of multilingualism and various religious beliefs found within diverse communities. According to Edgar (1992), coloured identity crystallised in the late 19th century as white authorities offered non-whites (but not blacks) slightly better educational and employment opportunities. It is widely acknowledged that persons classified as coloured under Apartheid, constitute several communities rather than one community due to their linguistic, religious and socio-economic heterogeneity. Thus, the boundaries of ethnicity and race that are set up involve mechanisms of inclusion and exclusion of individuals that can or cannot belong to a particular population or group (Anthias, 1992). Ethnic groups therefore function as social networks that provide individuals with a sense of belonging, security and comfort in a rapidly changing environment. Interviews with some of the retired study subjects during September to November 2002 rendered a few surprising answers as to why dental modification was practiced. A few individuals who resided in the 'original' District Six – before enforced removals to the Cape Flats – said that it was a way for a 'marginalised society' to show a distinct separateness from blacks and whites. South African history is perceived as black and white, but not as coloured. Barth (1969) emphasises the importance of ethnicity as a way of organising social relations within a group that draws the boundaries to surrounding social entities. The boundaries are marked through 'signs and signals' like clothing, religious practices, language and socio-economic criteria and behaviour.

The most important impact of identity on behaviour can be seen in Tables 4.25 and 4.26 where 66.2% of males and 55.4% of females (within the study area) who had identified

themselves by racial / ethnical or religious means had their teeth modified. Yet, more appreciably, only 28.1% of males and 17.8% of females who identified themselves as South African had their teeth modified. This would suggest that rigid classification (by race / ethnicity or religion) forces certain constrictive behaviours on people (almost by association), whereas, a national classification (patriotism) frees them from constrictive behaviour.

Turner (1987) argues that group identity primarily evolved around a shared language, religion and a sense of history or rather around an immediate perception resulting in the convergence of economic and political interests. Thus, whether cultural markers or economic insecurity impact stronger as identity shaping factors only attain meaning when it is taken in relation to each other. Cultural markers such as language and religion only become salient if they are evaluated in relation to other groups.

5.1.2. The impact of class and geographic patterning on behaviour

Tables 4.10, 4.11 and 4.23 shows evidence that dental modification practices are more prevalent in the lower economic areas such as Uitsig, Ravensmead, Elsies River, Valhalla Park and Bishop Lavis than the higher economic areas such as Parow, Belhar and Bellville. This could be due to better education and thus better work opportunities in the higher economic areas - as these areas were originally established to house professional people. Also, the lower economic areas were created during the 'Apartheid era' specifically to house those removed by the Group Areas Act and to provide a readily available work force to the surrounding developing industrial areas (Du Plessis, 1998). This division caused by a better education equalling a better job with a resultant move to

an area reflecting your socio-economic status often results in material inequalities being perceived strongly in relation to the relative wealth of other groups. The net result of this inequality could be reflected in behaviour patterns.

Three categories were subjectively chosen as indicators for social economic status or class. These were pay class (Table 4.22), value of property in the various study areas (Table 4.23) and highest academic standard attained (Table 4.24).

In the pay class category, actual salary amounts were not disclosed, however approximate figures were given. It is evident that the higher the pay class, the less dental modification occurred. Pay class is a good indicator of social class as the information, although not accurate, was given first hand by the study subjects. The limitation here was that it was applicable only to working and retired people, leaving the scholars out of this category.

Although most of South African cities had been racially compartmentalised throughout most of the 20th century, after 1948 it became more systematic and complete (Morris[1], 1998). The Group Areas Act was more than just moving people out of one area and into another – it affected all aspects of life by regulating one's leisure, culture, habits, education, working conditions, health and welfare. Burgess (2002) observes that identity is often pragmatic in the social categories that people constructed – wealth, education, culture, occupation and neighbourhood. Keeping this in mind, the Cape Flats can be divided into poor or sub-economic zones as well as areas where the residents are better off (middle to upper class). Although there is considerable overlapping in most areas, those in higher income groups tend to congregate in certain areas (refer to Tables 4.10

and 4.23) and this has an influence on behaviour. The Cape Flats is thus a place of contrast and geography does have an impact on dental modification practices. Property value was also a good indicator of social class as percentage of modification increased with a corresponding decrease in property value in the various study areas.
Analysis of the highest academic standard also rendered good comparable results. Individuals with Standard 8 or less had significantly higher incidences of dental modification than those with some tertiary education (matric plus). The limitation here was that the scholars had to be excluded as they were still at school. Thus, the three chosen categories complemented each other and together gave the maximum information required, which each category on its own would not have given.

Finally, stereotypes often give the wrong impressions as they are indiscriminately applied to everyone falling into a specific category. The stereotype of the 'toothless coloured' is thus incorrect, as not all coloured people have had their incisors extracted (i.e. not all individuals have conformed to this behaviour). Results in Tables 4.1, 4.2, 4.3 and 4.4, support this. Social class appears to be a better way to categorise an individual's behaviour. People living in different communities, either in specific areas (Table 4.10 and 4.23) or having a different education level (Table 4.24) or falling into a different pay class (Table 4.22) would behave differently in similar social circumstances.

5.2. Styles of dental modification

5.2.1. Prevalence of the different styles

A choice of five styles of dental modification were given on the questionnaire (Figure 3.3) answered by all the study subjects, however, after tabulation of the results, six styles emerged. The most popular style of dental modification (by personal choice) in both males and females was style 400 – the removal of the upper four incisors (93.7%).

Style 404 (the removal of both the upper and lower four incisors) showed clear sexual dimorphism in the cultural / social versus medical / accidental categories. The males had a 25% to 75% ratio whereas the females had an 87.5% to 12.5% ratio. This could be as a result of more men loosing their lower teeth by accident more frequently e.g. in sports related incidences.

5.2.2. Circumstances of dental modification

The modifications were mainly done by dentists (98.4%). Various dentists were approached to ascertain their opinion on extracting these healthy. None of them were prepared to comment on the ethics of removing healthy teeth for non-dental reasons. Some 'off-the-record' comments included what was called 'easy money'. It costs about R500.00 to extract the four upper incisors. Also they (the dentists) said they were performing a service to the community and if the people wanted to extract their teeth, they would do it either through them (the dentists in the area) or some other dentists willing to accommodate their requests. Other individuals (besides dentists) performed only 1.6% of the dental modifications. These included town doctors who extracted the

teeth of 11 individuals in the absence of a dentist, two African men who had their incisors removed by a family member (an uncle) when they were young and one individual who said that the modification was self –inflicted (albeit accidentally over a number of years by running fishing line through his teeth as he repaired his fishing nets).

Once the incisors had been extracted, individuals often had dentures made – 72.2% in males and 67.5% in females or 69.8% in total. Often dentures are not worn all the time but only on special occasions such as social functions. The affordability of dentures is seen as a status symbol in some of the poorer communities (Turok, 2003). It is interesting to note in females, those who gave gangsterism and medical /other as reasons for modification had similar percentages for denture wearing (85.7% and 85.2% respectively). Peer pressure and fashion gave similar results. In males, gangsterism and peer pressure rendered similar results for denture wearing, 75% and 76.1% respectively. Thus, once the teeth were removed, most people chose to use dentures. This gives them the ability to switch appearance from 'gap' to 'no gap' at will. Various styles of denture inlays are also done and worn for special occasions. Turok (2003) corroborates this. Davies (1990) observed that many of her study subjects had gold, diamond and ruby inlays supporting that the dentures themselves are being used as a fashion statement.

5.3. Reasons for dental modification

There were four stated reasons for dental modification (Table 4.13). The most common reason stated by males was peer pressure, followed by gangsterism, then by fashion and medical / other. The most common reason stated by females was fashion and peer pressure, followed by medical /other and gangsterism. These results are in sharp contrast

to the 1990 Davies study where 50% of males stated that the teeth were removed for fashion (or attractiveness), this reason was followed by medical / dental reasons, peer / gang related pressure and finally for 'better sex'. Also in the 1990 study, 65% of females quoted medical /dental reasons for dental modification, followed by fashion, then for 'better sex' and peer / gang related pressure.

Table 5.1: Comparison of 1990 and 2002 data for reasons of dental modification.

	1990 data		2002 data	
	Males	**Females**	**Males**	**Females**
Peer pressure	11.7%	1.7%	59.5%	26.2%
Gangsterism			17.5%	3.1%
Fashion	50.0%	20.0%	14.5%	57.3%
Medical / Other	36.7%	65.0%	8.5%	13.4%
Better sex	1.6%	13.3%	----	----

In tabular form the differences in the two data sets (1990 and 2002) become more apparent. Only 11.7% of the 1990 males gave peer pressure / gangsterism as a reason for dental modification in comparison to the 77% of the 2002 study. Half of the 1990 male study sample gave fashion as reason compared to only 14.5% of the 2002 male study group. Medical /other was a reason given by 36.7% of the 1990 study group compared to only 8.5% of the 2002 study group. There are sharp contrasts between the female data too. One individual (1.7%) of the 1990 female study group mentioned peer pressure / gangsterism as a reason for dental modification whereas 29.3% of the 2002 study group gave this reason. One third (20%) of the 1990 study group quoted fashion as the reason for the modification compared to the 57.3% of the 2002 study group. One of the largest differences was in the medical / other category where 65% of the 1990 female study gave

this as a reason for modification compared to only 13.4% in the 2002 study group. None of the 2002 study group quoted 'better sex' as a reason for modification.

The reasons for dental modification can be clustered into two categories, those arising out of popular beliefs / fashions and are sanctioned by society on connection with rites of passage (cultural/social) and those that arose through a medical occurrence or accidentally.

Table 5.2: Comparison of 1990 and 2002 data for the clustered categories.

	1990 data		2002 data	
	Males	**Females**	**Males**	**Females**
Cultural/Social	63.3%	35.0%	91.5%	86.6%
Medical/Accidental	36.7%	65.0%	8.5%	13.4%

These differences in the two data sets become even more apparent when clustered into the two categories of cultural/social and medical/accidental. According to the 2002 data, dental modification is a cultural/social issue. However, according to the 1990 data, for males dental modification is a cultural/social issue and a medical/accidental issue in females. It should be noted that the 1990 data were not from a systematic survey as study subjects were solely selected because they had removed their front teeth. Also the data set was small, 60 males and 60 females. The interviewer may have asked leading questions that encouraged certain answers (especially when asking for the motivation behind the practice). Davies (1990) does not define her criteria for 'fashion' and 'peer pressure'. The 1990 data set thus appears questionable. The 2002 data set does not corroborate its predecessor.

Both studies showed that the age of dental modification, for nearly all the individuals, was between 11 and 20 years of age and that males modified their teeth a year before females. In the 1990 data, the average age of extraction for males was 15.6 years and 16.6 years for females. The 2002 study had the average age of extraction at 16.8 years for males and 17.9 years for females (Table 4.7). A small number of individuals (68 out of 888, totalling 7.7%) had their dental modifications done after they were 20 years old. The fact that the overwhelming majority removed their teeth before the age of 20 strongly supports the case for dental modification being a rite of passage for teenagers on the Cape Flats. The reason for the delay in these few individuals is unclear. What is interesting is that more females than males quoted peer pressure as the reason for the dental modification. This could indicate that group identity for women coalesces in the working environment as well as during teenage years.

At 8.5% medical / other was the least stated reason for dental modification in males (for the 2002 study), yet it was the third most stated reason (13.4%) in females. Louw and Moola (1979) evaluated the dental needs and demands of the coloured group in the Cape Peninsula and found that most people had soft deposits on their teeth and many had calculus. These findings indicated that the coloured people had very poor dental and oral health and was in great need of dental care. These results were similar to those by Van Wyk, et al., 1976 who found that among the coloureds total edentulousness was common after the age of 20 and natural teeth a rarity after the age of 40. According to Allen, et al. (1990), the main reason for removal of the incisor is dental decay with the front teeth being particularly susceptible (Louw and Moola, 1979) and extraction the commonest

form of treatment. However, dental publications state that the molars would be the first teeth affected by dental decay and poor oral health (Scott and Turner, 1997). Some of the retired study group gave the fear of tetanus as a reason for the dental modifications. Many had been raised in rural areas before coming to live in the city as adults and stated that their parents had insisted that their four lower incisors be removed when they were children so that they could be fed in case they contracted tetanus while living so far away from any medical intervention. A few of the older folk also said that the removal of the front teeth early in life prevented certain illnesses – they never gave examples of these illnesses. Some of the Africans gave 'family custom' as a reason for dental modification practices. Fifteen individuals mentioned 'snuff dipping' and tobacco chewing ('twak kou') as a cause for dental modification as over time the teeth were stained black. Van Wyk (1976) also mentions this.

As already mentioned, none of the 2002 study group even mentioned 'better sex' or anything remotely to do with sex as a reason for dental modification. I do not think this was as a result of any embarrassment on the part of the study subjects as they were very candid about answering all the other questions – even those who freely admitted to modifying their teeth for gang membership. This brings the 'socio-sexual' theory for dental modification strongly into question! Singer (1953) and Konnild (n.d) state that the girls had their teeth extracted (even though they were healthy) because they thought that the toothless grin enhanced their beauty and sexual attraction. In his 1976 paper, Van Wyk clearly states that the removal of the upper four incisors among a certain group (obviously coloureds) was 'believed to be for the facilitation of oral sex'. Van Wyk goes

a step further and states that the practice was especially prevalent among females. Not so! The 2002 study (and to a lesser extent the 1990 Davies study) clearly show that both males and females practice dental modification (Tables 4.1 and 4.2) and the removal of the upper four incisors was more prevalent in males than females (Tables 4.12). All of the above could have been the possible start of the 'socio-sexual' theory that had been propagated over and over again by various individuals without any factual evidence. The investigator never specifically asked the study subjects about the link between dental modification and its apparently associated sexual practices for the specific reason of not pre-empting any answers. If it was brought up (which it was not) it had to be on the part of the study subjects and would then have been followed up. Morris[2] (1998) calls this socio-sexual theory insulting and it is. He also speculates that the real reason for dental modification among the coloured people is gang related however; this study does not corroborate his speculation.

Are fashion and peer pressure simply two expressions referring to the same phenomenon? I would argue that there is a distinction between them. Fashion can be defined as a 'convention, craze, fad, trend, appearance or social standing shown by behaviour' (Concise Oxford Dictionary, 1976). Peer pressure can be seen as pressure to conform by those 'equal in rank, standing, status or any respect' (Concise Oxford Dictionary, 1976). To grasp the difference between the two, one has to firstly look at behaviour around the time of dental modification. Adolescence seems to be a time, at least in many technologically advanced Western cultures, when one is confronted with the problem of self-definition (Kroger, 1989). Peer pressure plays an important role in this self-

definition. While being an individual and 'standing out' in a group is important, it is even more important to conform and 'fit in' with your chosen group of peers – thus, their behaviour becomes your behaviour. It is often viewed as a by-product of social condition and historical circumstance. All such socio-cultural approaches to adolescence stress the role played by society in the creation of conditions making identity a matter that needs addressing by its more youthful members (Cohen, 1991).

Kroger (1989) states that everyone respects the process of identity formation is a life-long enterprise. It is because adolescent identity cannot be understood as an issue isolated from its childhood antecedents and resulting adult states that adolescence is considered as a particularly important and active period of self-definition (Kroger, 1989). Behaviour in youth can impact the rest of your life – as one interviewee stated (middle aged female interviewed 27/10/2002 in Parow Industrial area), 'If extracting my teeth had not been so cheap and fashionable in the 1970's I would never have done it. It has caused me endless problems and unnecessary expenses'. Some (interviewed study subjects) called it a 'fad' for coloured girls to have their upper two or four incisors extracted. Allen et al. (1990) also speculate on a cultural aspect – 'the gap' as a mark of beauty and a sign that adulthood has been attained. The wearing of dentures is often viewed as a status symbol. This view of 'the gap' and denture wearing is the same given in the magazine *Marie Claire* (Turok, 2003).

Thus, are peer pressure and fashion one and the same thing? Not really – at least for this study. 'Peer pressure' was viewed as conforming to the things that your friends (people

your own age) did and expected you to do as well. These were not necessarily fashionable, just important to the group dynamics. Whereas 'fashion' was a recognition of what everyone else – not necessarily your friends or people your age – were doing. The article in the *Marie Claire* magazine confirms this view (Turok, 2003). One of the interviewed females stated that, 'she felt a part of fashion now'. She was only 14 years of age. Another 15 year old said it was, 'because everyone else does it and most of my friends have extracted their teeth'. Table 4.13 and Graph 4.3 support this where males and females gave different reasons for dental modification practices. Peer pressure (42.6%) and fashion (36.3%) were the two most stated reasons for dental modification practices in this study.

Collectively, gangsterism was the least stated reason for dental modification as only 10.1% of study subjects (sexes combined) stated it as a reason. However when males and females were separated, a slightly different picture emerged. At 17.5% in males, gangsterism was the second most stated reason for dental modification. It was the least stated reason for dental modification in females (3.1%).

Morris[2] (1989) argues the frequency of anterior tooth extraction seemed to be higher in males than in females and appeared to be strongly linked to gang membership as a marker of social group inclusion. Pinnock (1984) provides a reason for the large number of gangs especially among coloured youths. He states that in the 10 years following 1971, about 6000 young people were incarcerated in a Western Cape detention centre or trade school. His study carried out in 1981 found gang membership almost 100% in

those schools. Those who attended the schools came mostly from families who had been moved under the Group Areas Act. Also most of these families were larger than average.

On the streets these gangs became families for social outcasts. Up to the late 1960's trust and labour within extended families was essential for survival among the poor. Large families could call upon capital, physical strength or their kin for any undertaking (Pinnock, 1984). These are times when adolescents engage in rites of transgression, defined by their spontaneous, unconventional nature, not embedded in the norms of society and sometimes distinctly opposed to them. Thus, understanding the use of ritual is essential to understanding adolescents (Pinnock, 1997). The sense of belonging to a specific group, whether homogenous or heterogeneous may be perceived as the primary social identity which overshadows other layers of the complex self. Also a new identity may emerge which can be either exclusive or be embedded in a repertoire of identities individuals draw upon (Pickel, 1997).

Violence and crime are the products of a racially oriented society enmeshed in a web of poverty, hunger and despair. Most violence follows the urge to seek an outlet (Venter, 1974). Body mutilations are also seen as a rite of passage. These could be from bullet wounds, stab wounds or teeth damage. These are visible signs of an allegiance to a new group and a warning to others. The purpose is a sign to mark manhood (De Coppet, 1991).

Initiation is experienced in dozens of cultures all over the world. In older, more cohesive cultures, the requirements are recognised for what they are. When girls reach menses,

they are secluded and taught the art of womanhood by older females in their community. Boys face an ordeal or trial where they earn and affirm their passage to manhood. This can range from first hunts and ritual warfare to psychic ordeals, initiation into clubs and organisations, scarifications and apprenticeship to a spiritual master. In each case there is a conscious recognition that adolescence involves a process of transformation. Behind all these actions is the mentor, the father or mother figure, guiding and approving (Smith, 1986, Vail, 1989, Pinnock, 1997).

Although the frequency of anterior tooth extraction was higher in males than in females (in the 2002 data), there appeared to be no apparent link to gang membership especially among females. However, study subjects could have stated a reason for dental modification that they felt was more socially acceptable to the investigator. This brings the reliability of especially the male data (for the gangsterism reason) into question as there appears to be no significant differences between two of their stated reasons viz. gangsterism (17.5%) and fashion (14.5%).

What is certain is that although peer pressure, fashion and gangsterism are probably the ultimate cause of the tooth removal, there is no consensus as to the origin of this custom among the people on the Cape Flats.

5.4. Changes over time

5.4.1. Is the practice increasing or decreasing?

The percentage of people with dental modification appears to be decreasing as fewer scholars (both males and females) are engaging in this practice (refer to Tables 4.3 and

4.4). The practice seems to have peaked between the 1960's to the 1970's but no real explanation for this peak can be given. A possible reason could have been because of the enforced removals of families to the Cape Flats areas during the Apartheid struggle. Removal of the front teeth would then become a visible reminder (of a disruptive time in their lives) as well as an expressive outlet (of protest).

Looking at Graph 4.2, one can see that the year of birth is important in predicting the year of modification. However, what is also apparent is the visible outliers in year of modification during certain years of birth, indicating greater variability in some years of modification. Table 4.9 catalogues the variability by isolating coefficients of variation above 20. No specific hyper variable year coincides with any specific historical event, so there does not seem to be a commemorative link to specific periods of social unrest. The most obvious reason why the practice decreased in recent years is probably the increase in the educational level of the people on the Cape Flats. In 1960 fewer than 20% of all older people had graduated from high school. By the year 2000, this proportion had increased to nearly two thirds, with a substantial percentage having some form of tertiary education as well. These generational differences in educational levels reflect the limited educational opportunities available to people born before World War II (Cavanaugh, 1990).

5.4.2. How far back in time does the practice go?

Morris[2] (1989) reports the presence of dental modification on the teeth of slaves imported to the Cape in the 18th, and probably also in the 17th and 19th centuries as well. He

speculates, that if dental modification was a visible factor among the Cape Town slaves in the late 18th century then the practice of anterior tooth extraction might be linked with the slave 'culture' developing in the Cape during the 18th and 19th centuries and passed on to their descendants to practice in the 20th century. The problem is that no hard evidence exists which would link the 18th and early 19th century modification practice amongst the slaves to the 20th century occurrence of tooth removal.

About 21.4% (15 individuals) of the 70+ age group stated that their parents had similar modifications to those shown in Figure 3.4 (styles of dental modification). Similarly, 19.3% (51 individuals) of the 50 – 69 year old age group mentioned similar modifications by parents and grandparents. The earliest documented dental modification for this study is 1932 (by a study subject born in 1919). This is five years earlier than two documented reports mentioning missing front teeth, that by Edgar (1992) reporting on Ralph Bunche's 1937 visit to Cape Town and Van Wyk (1939) in his study of 'Cape Coloured' males. No other early documented evidence has been found. It is however speculated by Alan G Morris and myself that it possibly started in the late 1880's or very early in 1900's. This would support the oral accounts from the older study subjects. What prompted the start of dental modification in the Western Cape is as yet unknown.

5.4.3. Why does dental modification still persist today?

In Tables 4.3 and 4.4, 39.5% of male scholars and 32.4% of female scholars are still practicing dental modification. This is not surprising in light of the fact that a large number of the entire study group (77.6%) indicated that there were various family members who had dentally modified their teeth. A small percentage (0.8%) abstained

from answering, while 21.6% indicated that no one in their family had dentally modified their teeth. Over the course of the last century the proportion of older people living in urban areas has increased. One widespread myth about older adults is that most of them live in institutions such as Old Age Homes. In fact, only about 5% of all older adults live in these homes at any one time, the other 95% live in households and as such have an influence on those living with them (Cavanaugh, 1990). People are often unaware of the influence of cultures as it is effortlessly internalised from birth. As we learn values, beliefs, attitudes and behaviours from our parents and other influential people in our lives, we are taking in their culture and learning their behaviour. Tajfel (1978, 1984) calls this behaviour an 'injunctive norm' (learned behaviour thought to be socially acceptable or approved by others) or a 'subjective norm' (learned behaviour encouraged / discouraged by people who are important to ourselves). It is thus easy to see how social and historical circumstances have left people with ambiguous role prescriptions with which to wrestle in finding self-definition and an appropriate place for themselves in the surrounding social environment (Kroger, 1989). Turok (2003) also states that dental modification symbolises maturity and is connected to a working class identity. She further states that the origin of the practice stems from Cape colonial slave-owners who marked their slaves by tooth extraction. No one that was interviewed for this study mentioned slave marking as a possible reason for where the practice of dental modification in the Western Cape could have possibly originated. This information about slave marking thus appears speculative.

The difficulty with a project such as this is that most people, in all communities, modify their teeth to some extent throughout their lifetime. Many do it for health reasons, but most do it because it is aesthetically pleasing to them (Molnar, 1972). When one looks at older people (40 + years old), many of them have had some sort of tooth extraction / loss. This could be simply as a result of old age or voluntary tooth extraction due to various dental problems. However, in certain communities on the Cape Flats, tooth extraction (for non medical reasons) – especially of the incisors – seems to be a part of 'growing up' or life.

The coloured people do not have a culture that is purely their own. They have grown up in the cultural climate of Western Europe as brought here by those people (Van der Ross, 1993). Thus with some adaptations, the culture of the coloured people is the same as that of whites – Western European. This accounts for language, form of dress, food customs, housing, religion, law, etc.

In cultures that have lost their ancient roots through migration, poverty or dilution, young people continue to have the same needs. And where ritual is absent it will be created – often in bizarre forms (Pinnock, 1984). These are often done unconsciously and with tools, substances and attitudes dating back to the dawn of our species (Smith, 1986). Young people engaged in rituals of transformation that have a single goal – adult respect. In this painful and dangerous journey can be found the echoes of African initiation ceremonies (Smith, 1986, Pickel, 1997).

The human longing for rituals are deep and in a group without 'roots' it is often frustrating (De Coppet, 1991). It is so basic to our creation of society that to lose ritual is to lose the way. Thus, when we feel an acute absence of moral guidance, when we do not know what to do, the ritualising impulse is brought into play (Pinnock, 1997). At these times, we are often without formal life-paths and have to rehearse in the dark without a script (Cohen, 1991). Thus, rituals develop to suit our needs and we engage in them in order to transmit a collective message to ourselves.

Traditional cultures everywhere greet the onset of puberty with elaborate and often excruciating initiations. These are practices that have developed over centuries because they are necessary for the stability of community life. They empower while protecting social life from adolescent excesses. Such practices continue (even today) because these cultures have learned what the West has forgotten: if a culture does not deal with the warrior energy of its young men and the spirit energy of it young women – by disciplining and honouring it – this energy will turn up outside in the forms of gangs, wife beating, depression, drug abuse, brutality to children and even aimless murder. To most traditional people the absence of such rituals is chaos. Research among Xhosa people in the Transkei showed the tenacity of these ancient rituals. Despite more than a hundred years of disruptive migrant labour and nearly three centuries of Christian and Western influence, rituals of adolescent passage and the handing down of ancestral teachings are still firmly in place. Having abandoned initiation, Western education and values have difficulty in leading young people toward adulthood. In the cities these

adolescents invent rituals to fill the gap (Pinnock, 1980 and 1997). Perhaps this is what dental modification on the Cape Flats has become?

CHAPTER SIX

CONCLUSION

It is important to understand how coloured people originated and how they were treated historically as this has had an influence in shaping them into who they are today. Few communities in the world can claim origins as disparate, widespread and complex as the South African 'coloured'. They have 'evolved' on a landscape of racial and social slurs, unceasingly asked to accept the point of view of others against themselves. It is thus not surprising that the history of tooth avulsion in the Western Cape is chaotic, fragmented and difficult to write. I have briefly touched on some of the more important influences, which seem to stand out among the accumulation of information. In the telling of the story there are big gaps.

While examining the history and culture of the people living in the Northern Suburbs of the Cape Flats, it soon became evident that they (the people) have not been fully explored but exploited under perceptions and stereotypes. In answering the objectives of this research project, I hope to have lain to rest some of these stereotypes and perceptions.

1. Forty one percent of the study sample had practiced dental modification. However, not all of those with modified teeth were coloured, as first believed. A significant portion of those who practiced dental modification was black or white.
2. All of the areas studied in this research had people with dental modifications. It only differed in the percentage of those involved with the practice.

3. It is evident that although six styles of dental modification were present, style 400 was the style of choice and most of the other styles could be linked to medical or accidental occurrences.
4. Although there were four stated reasons (motivations) of dental modification viz. peer pressure, fashion, gangsterism and medical/other, it should be noted that fashion and gangsterism can be considered extreme forms of peer pressure.
5. Documented proof shows dental modifications being practiced in the 1930's. Speculation about the origin of the practice places it in the late 1800's to early 1900's. Perhaps historians can enlighten us as to whether this speculation is correct or not.

It is surprising that such a readily observable practice has not yet been studied. It would be interesting to compare and see more studies such as this (modern-day dental modification practices) in other areas around South Africa as the information available is extremely limited.

It is my conclusion that dental modification on the Cape Flats has become a part of popular culture and as such can be seen as a rite of passage for those residing there.

REFERENCES

Absalom, E. 2001. 'Previously called' Coloured people – Past and Present 350 years. CBH Publishers and Distributers, Namibia.

Allen, R .W. J., Gasson, J. V. and Vivian, J. C. 1990. Anaesthetic hazards of the 'passion gap'. South African Medical Journal 78: 335-336.

Alt, K. and Pichler, S. 1998. Artificial modifications of human teeth. In: Dental Anthropology fundamentals, Limits and Prospects. Alt, K., Rosing, F. and Teschler-Nicola, M. (Eds.). Springer Wein, New York.

Anthias, F. 1992. Connecting Race and Ethnic Phenomena. Sociology 26: 421-438.

Bachmayer, D. I. 1982. Tooth mutilating practices amongst the Barakwena and Vassakela Bushmen in West Caprivi and the peoples of Kavango. Journal of the Dental Association of South Africa 37: 173-177.

Barth, F. 1969. Ethnic Groups and Boundaries. Allen and Unwin, London.

Bickford-Smith, V. 1993. Slavery, emancipation and the question of Coloured identity with particular attention to Cape Town 1975 –1910. In: The Societies of Southern Africa in the 19th and 20th centuries. University of London: Institute for Commonwealth Studies, London.

Bickford-Smith, V. 1995. Ethnic pride and racial prejudice in Victorian Cape Town. Cambridge University Press, UK.

Briedenhann, S. J. and Van Reenen, J. F. 1985. Tooth extraction and tooth mutilating practices amongst the Herero-speaking peoples of South West Africa (Namibia). Journal of the Dental Association of South Africa 40:531-536.

Briedenhann, S. J. 1987. Maxillary midline diastema and its association with ritual extraction of mandibular incisors in the Herero-speaking people of Kaokoland. Journal of the Dental Association of South Africa 42: 461-468.

Burgess, S. M. 2002. SA Tribes. David Philip Publishers, New Africa Books (Pty) Ltd, South Africa.

Cavanaugh, J. C. 1990. Adult development and Aging. Wadsworth Publishing Company, California, USA.

Cell, J. 1982. The highest stage of White Supremacy: The origins of segregation in South Africa and the American South. Cambridge University Press, Cambridge.

Cilliers, S. P. 1963. The Coloureds of South Africa: A factual Survey. Banier Publishers Pty Ltd, Cape Town.

Cohen, D. 1991. Circle of Life from the Human Family Album. Aquarian Press, London.

Cruwys, E. and Foley, R. A. (Eds.). 1986. Teeth and Anthropology. BAR International Series 291. Oxford, England.

Davies, C. 1990. The Cape Flats Smile: Dental mutilation in the Western Cape. Unpublished University of Cape Town Bachelor of Science Project.

Davies, D.M. 1972. The Influence of Teeth, Diet and Habits on the Human Face. William Heinemann Medical Books Ltd. Pitman Press, London.

De Coppet, D. 1993. Understanding Rituals. Routledge Publishers, London.

Doyle, M., Johnston, M. and Wood, I. (Eds.). 1997. People of Africa: Peoples of North Africa. Diagram Group, New York.

Doyle, M., Johnston, M. and Wood, I. (Eds.). 1997. People of Africa: Peoples of West Africa. Diagram Group, New York.

Du Plessis, N. M. 1998. The Tygerberg. Tafelberg Printers, Cape Town.

Edgar, R. R. (Ed). 1992. An African American in South Africa. Witwatersrand University Press, Johannesburg, South Africa.

Eliade, M. 1958. Rites and Symbols of Initiation: The mysteries of Birth and Rebirth. The Academy Library, Harper and Row Publishers, New York.

Erasmus, Z. (Ed). 2001. Coloured by history shaped by place. Kwela Books and South African History Online, Cape Town, South Africa.

Erlandsson, A-L. and Bäckman, B. 1999. A case of dental mutilation. Journal of Dentistry for Children 66: 278-279.

Fastlicht, S. 1948. Tooth Mutilation in Pre-Columbian Mexico. Journal of the American Dentistry Association. 36: 315-323.

Fitton, J. S. 1993. A tooth ablation custom occurring in the Maldives. British Dental Journal 10: 299-300.

Goldin, I. 1987. The reconstitution of Coloured identity in the Western Cape in: The politics of race, class and nationalism in twentieth century South Africa. Marks, S and Trapido, S (Eds.). Longman: 158, New York. Pp 156-181.

Gould, A. R., Farman, A. G. and Corbitt, D. 1984. Modifications of the dentition in Africa. Quintessence International 1: 89-94.

Guyton, A. C. 1985. Anatomy and Physiology. CBS College Publishing, New York.

Haviland, W. A. 2000. Anthropology. 9th Edition. Harcourt College Publishers, Orlando, USA.

Herreman, F. 1986. Skin of the statue. Waasmunster, Belgium.

Hicks, D. and Gwynne, M. 1994. Cultural Anthropology. HarperCollins, New York.

Hillson, S. 1996. Dental Anthropology. Cambridge University Press, London.

James, W. G. and Simons, M. (Eds.). 1989. The Angry Divide: Social and economic history of the Western Cape. David Philip Publisher Pty Ltd, Clyson Printers Pty Ltd, Cape Town.

Jones, A. 1992. Tooth mutilation in Angola. British Dental Journal September Supplement: 177-178.

Jones, A. 2001. Dental disfigurements in Borneo. British Dental Journal 191: 98-102.

Kennedy, K. A. R., Misra, V. N. and Burrow, C. B. 1981. Dental mutilations from Prehistoric India. Current Anthropology 22: 285-286.

Konnild, J. (n.d.) Dental Mutilations among Tribal Groups in Africa South of Sahara with some notes on African Dental Folklore. Unpublished manuscript.

Kroger, J. 1989. Identity in Adolescence: The balance between self and other. Routledge Publishers, London.

Larsen, C. S. 1985. Dental modifications and tool use in the Western Great Basin. American Journal of Physical Anthropology 67: 393-402.

Lipton, M. 1989. Capitalism and Apartheid: South Africa 1910-1986. David Philip, Cape Town.

Louw, N. P. and Moola, M. H. 1979. The dental demands of the Cape Coloured people in the Cape Peninsula. Journal of the Dental Association of South Africa Special Health Year Issue. 715-718.

Marais, J. S. 1939. The Cape Coloured People 1652 – 1937. Longmans, Green and Company Limited, British Isles.

Milner, G. and Larsen, C. 1991. Advances in Dental Anthropology. Wiley-Liss, New York.

Mitchell, P. J. and Plug, I. 1997. Ritual mutilation in Southern Africa: gender and ethnic identities and the possibilities of archaeological recognition. Witwatersrand University Press, South Africa.

Molnar, S. 1972. Tooth wear and culture: A survey of tooth functions among some prehistoric populations. Current Anthropology 13: 511-516.

Morris[1], A. 1998. Fighting against the tide: The White Right and desegregation in Johannesburg's inner city. African Studies 57: 55-78.

Morris[2], A. G. 1989. Dental mutilation in historic and prehistoric South Africa. Quarterly Bulletin of the South African Library. 43: 132-134.

Morris[2], A. G. 1998. Dental mutilation in southern African history and prehistory with special reference to the "Cape Flats Smile". Journal of the South African Dental Association 53: 179-183.

Nanda, S. 1987. Cultural Anthropology. 3rd Edition. Wadsworth Publishing Company, California.

Pickel, B. 1997. Coloured Ethnicity and Identity – A case study in the former coloured areas in the Western Cape / South Africa. Lit Verlag, Hamburg.

Pindborg, J. J. 1969. Dental mutilation and associated abnormalities in Uganda. American Journal of Physical Anthropology 31: 383-390.

Pinnock, D. 1980. From Argie boys to skolly gangsters: the lumpen-proletarian challenge of the street-corner armies in District Six, 1900-1951.Centre for African Studies, University of Cape Town.

Pinnock, D. 1984. Stone's Boys and the making of a Cape Flats Mafia. University of the Witwatersrand History Workshop.

Pinnock,D. 1997. Gangs, Rituals and Rites of passage. African Sun Press, University of Cape Town.

Sawyer, D. R. and Allison, M. J. 1992. Tooth mutilations in Pre-Columbian Peru and Chile and modern-day Nigeria. Annals of Dentistry. 51: 24-26.

Schultz, P. 1977. Task activity and anterior teeth grooving in prehistoric California Indians. American Journal of Physical Anthropology. 46: 87-92.

Scott, G. R. and Turner II, C. G. 1997. The anthropology of modern human teeth: Dental morphology and its variation in recent human populations. Cambridge University Press, U K.

Shaw, J. C. M. 1931. The Teeth, the Bony Palate and the Mandible in Bantu Races of South Africa. John Bale, Sons and Danielsson, London.

Singer, R. 1953. Artificial deformation of teeth: A preliminary report. South African Journal of Science 50: 116-122.

Smith, A. 1986. The ethnic origins of nations. Basil Blackwell, Oxford.

Stewart, T. D. and Groome, J. R. 1968. The African custom of tooth mutilation in America. American Journal of Physical Anthropology 28: 31-42.

Swilling, M., Humphries, R. and Shubane, K. (Eds.). 1991. Apartheid City in Transition. Oxford University Press, Oxford, UK.

Tajfel, H. 1978. Differentiation between social groups. Academic Press, London.

Tajfel, H. 1984. The social dimension. Cambridge University Press, London.

The Concise Oxford Dictionary. 1976. 6th Edition. Sykes, J. B. (Ed). Claredon Press, Oxford.

Townend, B. R. 1963. The Non-therapeutic extraction of teeth and its relation to the ritual disposal of shed deciduous teeth. British Dental Journal 115: 312-315, 354-357, 394-396.

Turner, C. J. 1987. Rediscovering Social Group: A self-categorisation theory. Blackwell, Oxford and New York.

Turok, K. 2003. Mind the Gap. In: Marie Claire November 2003 Issue. Pp 66-69.

Vail, L. 1989. The Creation of Tribalism in South Africa. James Curry Ltd, London.

Van der Ross, R. E. 1973. A political and social history of the Cape Coloured people 1880-1970: in four parts. Unpublished thesis for Doctor of Literature degree.

Van der Ross, R. E. 1993. 100 Questions about coloured South Africans. University of Western Cape Printing Department, Cape Town.

Van Reenen, J. F. 1977. Swallowtail form of tooth mutilation among Early Iron Age people living at Boederstroom, Transvaal, circa 500 AD. Journal of the Dental Association of South Africa 32: 529-533.

Van Reenen, J. F. 1978a. Tooth mutilation amongst the peoples of Kavango and Bushmanland, South West Africa. Journal of the Dental Association of South Africa 33: 205-218.

Van Reenen, J. F. 1978b. Tooth mutilating practices amongst the Ovambo and the West Caprivi Bushmen of South West Africa. Journal of the Dental Association of South Africa 33: 665-671.

Van Reenen, J. F. 1986. Tooth mutilating and extraction practices amongst the peoples of South West Africa (Namibia). In: Variation, Culture and Evolution in African Populations: papers in honour of Dr Hertha de Villiers. Singer, R. and Lundy, J. K. (Eds.). pp 159-169. Witwatersrand University Press, Johannesburg.

Van Reenen, J. F. and Briedenhann, S. J. 1985. Tooth mutilating practices amongst the Damara of South West Africa (Namibia). Journal of the Dental Association of South Africa 40: 537-539.

Van Reenen, J. F. and Briedenhann, S. J. 1986. Futher observations on the tooth mutilating practices of Vassekela and !Kung Bushmen. Journal of the Dental Association of South Africa 41: 557-562.

Van Wyk, C. W. 1976. Oral lesions caused by habits. Forensic Science 7: 41-49.

Van Wyk, C. W., Konviser, J. V. and Dreyer, W. P. 1976. The prevalence of dental caries in the Cape Malays. Journal of the Dental Association of South Africa 31: 195-200.

Van Wyk, G. F. 1939. A Preliminary account of the physical anthropology of the "Cape Coloured People" (Males). Annals of the University of Stellenbosch. Vol. XVII, Section A, No. 2.

Venter, A. J. 1974. Coloured: A profile of two million South Africans. Human and Rossouw Publishers (Pty) Ltd, Cape Town, South Africa.

Ziervogel, C. 1944. Who are the Coloured People. Sixpenny Library, No. 11.

Websites accessed:
http://www.rppr.co.za - Retail property prices.

UNIVERSITY OF CAPE TOWN

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07 October 2002

REC REF: 181/2002

Ms LJ Friedling
Human Biology

Dear Ms Friedling

DENTAL MODIFICATION PRACTICES ON THE CAPE FLATS IN THE WESTERN CAPE

Thank you for submitting your study to the Research Ethics Committee for review.

It is a pleasure to inform you that the Committee has formally approved your study on the 04 October 2002.

Please quote the above REC.REF number in your all your correspondence.

Yours sincerely

Signed

A/PROF. CR SWANEPOEL
CHAIRPERSON

APPENDIX B

LEGEND FOR DATA SET

YOB	Year of birth
YOM	Year of modification
AGE	Age at time of interview
AOE	Age of extraction
ATE	Amount of teeth extracted
HAS	Highest academic standard (in standards not grades) (11 = Std 8 plus college, 12 = matric plus college, 13 = matric plus university)
H/F	House / Flat
O/H	Owned / Hired (rented)

Only those individuals with dental modifications are represented here.

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
1	F	1921	1932	81	11	4	4	4	N	Uncle	Y	N
2	F	1920	1934	82	14	4	4	4	Y	Town doct	Y	N
3	F	1922	1934	80	12	4	4	4	Y	Town doct	Y	Y
4	F	1920	1935	82	15	2	4	400	Y	Dentist	Y	Y
5	F	1922	1935	80	13	4	4	4	Y	Town doct	Y	N
6	F	1922	1935	80	13	4	4	4	Y	Town doct	Y	N
7	F	1920	1936	82	16	2	4	400	Y	Dentist	Y	Y
8	F	1923	1937	79	14	4	4	4	N	Town doct	Y	N
9	F	1926	1939	76	13	4	4	4	Y	Doctor	Y	N
10	F	1926	1941	76	15	4	4	4	Y	Town doct	Y	N
11	F	1924	1943	78	19	2	4	400	Y	Dentist	Y	Y
12	F	1924	1946	78	22	1	4	400	Y	Dentist	Y	Y
13	F	1932	1949	70	17	2	4	400	Y	Dentist	Y	Y
14	F	1925	1950	77	25	3	4	400	Y	Dentist	Y	Y
15	F	1926	1950	76	24	3	4	400	N	Dentist	Y	Y
16	F	1932	1951	70	19	3	4	400	Y	Dentist	Y	Y
17	F	1933	1952	69	19	3	4	400	Y	Dentist	Y	Y
18	F	1934	1952	68	18	2	4	400	Y	Dentist	Y	Y
19	F	1935	1952	67	17	2	4	400	Y	Dentist	Y	Y
20	F	1932	1953	70	21	2		400	Y	Dentist	Y	Y
21	F	1934	1953	68	19	3	4	400	Y	Dentist	Y	Y
22	F	1937	1953	65	16	3	4	400	Y	Dentist	Y	Y
23	F	1937	1953	65	16	3	2	200	Y	Dentist	N	Y
24	F	1931	1954	71	23	3		400	Y	Dentist	Y	Y
25	F	1932	1954	70	22	2	4	400	N	Dentist	Y	Y
26	F	1938	1954	64	16	3	4	400	Y	Dentist	Y	Y
27	F	1938	1954	64	16	3	4	400	Y	Dentist	Y	Y
28	F	1932	1955	70	23	3	4	400	Y	Dentist	N	Y
29	F	1939	1955	63	16	3	4	400	Y	Dentist	Y	Y
30	F	1944	1957	58	13	3	8	404	Y	Dentist	Y	Y
31	F	1935	1958	67	23	2	4	400	Y	Dentist	Y	Y
32	F	1936	1959	66	23	3		400	Y	Dentist	Y	Y
33	F	1940	1959	62	19	2	4	400	N	Dentist	Y	Y
34	F	1942	1959	60	17	3	4	400	Y	Dentist	Y	Y
35	F	1942	1959	60	17	3	4	400	Y	Dentist	Y	Y
36	F	1943	1959	59	16	2	4	400	Y	Dentist	Y	Y
37	F	1937	1960	65	23	3	4	400	Y	Dentist	Y	Y
38	F	1942	1960	60	18	3	4	400	Y	Dentist	Y	Y
39	F	1942	1960	60	18	2	4	400	Y	Dentist	Y	Y
40	F	1943	1960	59	17	2	4	400	Y	Dentist	Y	Y
41	F	1935	1961	67	26	3	4	400	Y	Dentist	Y	Y
42	F	1942	1961	60	19	3	4	400	Y	Dentist	Y	Y
43	F	1945	1961	57	16	2	8	404	Y	Dentist	Y	Y
44	F	1944	1962	58	18	2	4	400	Y	Dentist	Y	Y
45	F	1944	1962	58	18	2	4	400	Y	Dentist	Y	Y
46	F	1946	1962	56	16	2	4	4	Y	Dentist	N	N
47	F	1948	1962	54	14	3	4	400	Y	Dentist	N	Y
48	F	1941	1963	61	22	3	8	400	Y	Dentist	Y	Y
49	F	1947	1963	55	16	2	4	400	Y	Dentist	N	Y
50	F	1949	1963	53	14	2	4	400	Y	Dentist	Y	Y
51	F	1949	1963	53	14	3	4	400	Y	Dentist	Y	Y

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
1	4	Worcester	I	Packer	3	H	H
2	12	Kimberley	I	Teacher	2	H	O
3	5	Paarl	I	Domestic	3	H	H
4	6	Kraaifontein	A	Factory worker	3	F	H
5	5	Paarl	I	Domestic	3	H	H
6	7	Upington	I	Dressmaker	2	H	O
7	7	Kraaifontein	A	Factory worker	3	H	O
8	3	Wellington	I	Factory worker	3	H	O
9	3	Robertson	I	Picker	3	F	H
10	3	Kraaifontein	A	Factory worker	3	F	H
11	6	Bellville	A	Domestic	3	H	O
12	6	Kraaifontein	A	Factory worker	3	F	H
13	7	District Six	I	Factory worker	3	H	O
14	5	Elsies River	H	Factory worker	3	F	H
15	8	Kraaifontein	A	Factory worker	3	F	H
16	5	Uitsig	E	Factory worker	3	F	H
17	7	Parow	B	Machinist	3	H	O
18	7	Cape Town	I	Shop Assistant	3	F	H
19	8	Elsies River	H	Domestic worker	3	F	H
20	6	Elsies River	H	Factory worker	3	F	H
21	7	Parow	B	Shop Assistant	3	F	H
22	8	Bishop Lavis	F	Data Capturer	2	H	O
23	8	Parow	B	Machinist	3	H	O
24	5	Elsies River	H	Factory worker	3	F	H
25	6	Cape Town	I	Machinist	3	H	O
26	5	Elsies River	H	Machinist	3	F	H
27	6	Elsies River	H	Machinist	3	F	H
28	5	Cape Town	I	Factory worker	3	H	H
29	11	Cape Town	I	Secretary	2	H	O
30	8	Kensington	H	Sample Maker	3	H	O
31	6	Elsies River	H	Machinist	3	H	O
32	7	Elsies River	H	Factory worker	3	F	H
33	7	Cape Town	I	Factory worker	3	H	O
34	5	Ravensmead	D	Cleaner	3	F	H
35	7	Malmesbury	I	Factory worker	3	H	O
36	8	Elsies River	H	Posting Clerk	2	H	O
37	7	Uitsig	E	Factory worker	3	F	H
38	8	Cape Town	I	Nurse	2	H	O
39	8	Bellville	A	Pattern Maker	3	F	H
40	8	Elsies River	H	Posting Clerk	2	H	O
41	8	Parow	B	Machinist	3	F	H
42	8	Parow	B	Clerk	2	H	O
43	6	Mamre	I	Sorter	3	H	O
44	9	Bonteheuwel	G	Order Clerk	2	H	O
45	8	Elsies River	H	Posting Clerk	2	H	O
46	5	East London	I	Machinist	3	H	O
47	8	Bellville	A	Clerk	2	H	O
48	7	District Six	I	Dressmaker	2	H	O
49	8	Bellville	A	Machine Operator	3	H	H
50	8	Uitsig	E	Accounts Clerk	2	H	O
51	6	Victoria Wes	I	Machinist	3	H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
52	F	1935	1964	67	29	3	4	400	N	Dentist	Y	Y
53	F	1942	1964	60	22	2	4	400	Y	Dentist	Y	Y
54	F	1944	1964	58	20	3	4	400	Y	Dentist	Y	Y
55	F	1946	1964	56	18	3	4	400	Y	Dentist	N	Y
56	F	1948	1964	54	16	2	4	400	Y	Dentist	N	Y
57	F	1948	1964	54	16	2	8	404	Y	Dentist	Y	Y
58	F	1942	1965	60	23	2	4	400	Y	Dentist	Y	Y
59	F	1943	1965	59	22	2	4	400	Y	Dentist	Y	Y
60	F	1947	1965	55	18	3	4	400	Y	Dentist	Y	Y
61	F	1942	1966	60	24	4	4	400	N	Dentist	Y	Y
62	F	1947	1966	55	19	2	4	400	Y	Dentist	N	Y
63	F	1947	1966	55	19	4	4	400	N	Dentist	N	Y
64	F	1949	1966	53	17	3	4	400	Y	Dentist	Y	Y
65	F	1951	1967	51	16	2	8	404	Y	Dentist	Y	Y
66	F	1951	1967	51	16	5	8	404	Y	Dentist	Y	Y
67	F	1953	1967	49	14	2	4	400	Y	Dentist	Y	Y
68	F	1943	1968	59	25	3	4	400	Y	Dentist	Y	Y
69	F	1943	1968	59	25	3	4	400	Y	Dentist	Y	Y
70	F	1949	1968	53	19	2	4	400	Y	Dentist	Y	Y
71	F	1951	1968	51	17	3	4	400	Y	Dentist	Y	Y
72	F	1951	1968	51	17	2	8	404	Y	Dentist	Y	Y
73	F	1953	1968	49	15	2	4	400	Y	Dentist	Y	Y
74	F	1953	1968	49	15	3	4	400	Y	Dentist	Y	Y
75	F	1955	1968	47	13	3	4	400	Y	Dentist	Y	Y
76	F	1934	1969	68	35	3	4	400	Y	Dentist	Y	Y
77	F	1936	1969	66	33	2	2	200	N	Dentist	N	Y
78	F	1937	1969	65	32	3	4	400	Y	Dentist	Y	Y
79	F	1946	1969	56	23	3	4	400	Y	Dentist	Y	Y
80	F	1946	1969	56	23	3	4	400	Y	Dentist	Y	Y
81	F	1954	1969	48	15	3	8	404	Y	Dentist	N	Y
82	F	1955	1969	47	14	2	4	400	Y	Dentist	Y	Y
83	F	1952	1970	50	18	3	4	400	Y	Dentist	Y	Y
84	F	1952	1971	50	19	3	4	400	Y	Dentist	Y	Y
85	F	1954	1971	48	17	3	4	400	Y	Dentist	Y	Y
86	F	1956	1971	46	15	3	4	400	Y	Dentist	Y	Y
87	F	1952	1972	50	20	4	4	400	N	Dentist	Y	N
88	F	1956	1972	46	16	3	4	400	Y	Dentist	Y	Y
89	F	1958	1972	44	14	3	4	400	Y	Dentist	Y	Y
90	F	1958	1972	44	14	3	4	400	Y	Dentist	Y	Y
91	F	1953	1973	49	20	3	4	400	Y	Dentist	Y	Y
92	F	1955	1973	47	18	3	4	400	Y	Dentist	Y	Y
93	F	1956	1973	46	17	2	8	404	Y	Dentist	Y	Y
94	F	1957	1973	45	16	3	4	400	Y	Dentist	Y	Y
95	F	1957	1973	45	16	4	4	400	N	Dentist	N	Y
96	F	1958	1973	44	15	3	4	400	Y	Dentist	Y	Y
97	F	1954	1974	48	20	2	4	400	Y	Dentist	Y	Y
98	F	1959	1974	43	15	1	4	400	Y	Dentist	Y	Y
99	F	1961	1974	41	13	3	4	400	Y	Dentist	Y	Y
100	F	1961	1974	41	13	3	4	400	Y	Dentist	Y	Y
101	F	1959	1975	43	16	3	4	400	Y	Dentist	Y	Y
102	F	1960	1975	42	15	2	4	400	Y	Dentist	Y	N

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
52	8	Kraaifontein	A	Machinist	3	H	O
53	4	De Doorns	I	Domestic worker	3	H	H
54	9	Bonteheuwel	G	Order Clerk	2	F	O
55	9	Ravensmead	D	Machine Operator	3	H	O
56	8	Ravensmead	D	Debtor's Clerk	2	H	O
57	6	Vasco	I	Supervisor	2	H	O
58	6	District Six	I	Domestic worker	3	H	H
59	9	Parow	B	Order Clerk	2	F	O
60	10	Bellville	A	Posting Clerk	2	H	O
61	12	Bellville	A	Teacher	2	H	O
62	8	Parow	B	Creditor's Clerk	2	F	H
63	8	Elsies River	H	Quality Control	2	H	O
64	5	Maitland	I	Cleaner	3	F	H
65	4	Cape Town	I	Cleaner	3	H	O
66	6	Eerste River	I	Machinist	3	H	O
67	3	Athlone	I	Ironer	3	F	H
68	9	Bonteheuwel	G	Debtor's Clerk	2	H	O
69	11	Uitsig	E	Teacher	2	H	O
70	9	Blackheath	G	Cleaner	3	H	O
71	9	Bonteheuwel	G	Debtor's Clerk	2	H	O
72	8	Oudshoorn	I	Supervisor	2	H	O
73	10	Brackenfell	A	Data Capturer	2	H	O
74	5	Kraaifontein	A	Machinist	3	H	O
75	8	Parow	B	Supervisor	2	H	O
76	8	Parow	B	Clerk	2	H	O
77	8	Bellville	A	Clerk	2	H	O
78	7	Kensington	H	Machinist	3	F	H
79	8	Ravensmead	D	Creditor's Clerk	2	H	H
80	10	Kraaifontein	A	Posting Clerk	2	H	O
81	5	Rylands	I	Machinist	3	H	O
82	5	Elsies River	H	Layer Up	3	H	H
83	9	Durbanville	I	Ironer	3	F	O
84	9	Bellville	A	Debtor's Clerk	2	H	O
85	8	Ravensmead	D	Filing Clerk	2	F	O
86	8	Ravensmead	D	Clerk	2	H	O
87	7	Mosselbaai	I	Machinist	3	H	H
88	12	Bonteheuwel	G	Accounting Clerk	2	H	O
89	10	Bellville	A	Data Capturer	2	H	O
90	10	Uitsig	E	Floor Supervisor	2	F	H
91	10	Maitland	I	Debtor's Clerk	2	H	O
92	8	Ravensmead	D	Clerk	2	F	O
93	5	Kraaifontein	A	Cleaner	3	F	H
94	9	Ravensmead	D	Clerk	2	F	O
95	6	McGregor	I	Machinist	3	F	H
96	7	Stellenbosch	I	Machinist	3	H	O
97	5	Cape Town	I	Layer Up	3	H	O
98	9	Maitland	I	Packer	3	F	H
99	10	Elsies River	H	Debtor's Clerk	2	H	O
100	8	Elsies River	H	Machinist	3	H	O
101	10	Parow	B	Data Capturer	2	H	O
102	5	Uitsig	E	Ironer	3	F	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
103	F	1960	1975	42	15	3	4	400	Y	Dentist	Y	Y
104	F	1956	1976	46	20	3	4	400	Y	Dentist	Y	Y
105	F	1957	1976	45	19	2	4	400	Y	Dentist	Y	Y
106	F	1960	1976	42	16	3	4	400	Y	Dentist	Y	Y
107	F	1961	1976	41	15	3	4	400	Y	Dentist	Y	Y
108	F	1959	1977	43	18	3	4	400	Y	Dentist	Y	Y
109	F	1960	1977	42	17	3	4	400	Y	Dentist	Y	Y
110	F	1958	1978	44	20	2	4	400	Y	Dentist	Y	Y
111	F	1958	1978	44	20	3	4	400	Y	Dentist	Y	Y
112	F	1959	1978	43	19	4	4	400	N	Dentist	Y	Y
113	F	1960	1978	42	18	3	4	400	Y	Dentist	Y	Y
114	F	1960	1978	42	18	3	4	400	Y	Dentist	Y	Y
115	F	1960	1978	42	18	2	4	400	Y	Dentist	Y	Y
116	F	1961	1978	41	17	3	8	404	Y	Dentist	Y	N
117	F	1964	1978	38	14	2	4	400	Y	Dentist	Y	Y
118	F	1954	1979	48	25	4	4	400	N	Dentist	Y	Y
119	F	1961	1979	41	18	2	8	404	Y	Dentist	Y	Y
120	F	1962	1979	40	17	3	4	400	Y	Dentist	Y	Y
121	F	1958	1980	44	22	4	8	404	Y	Dentist	Y	N
122	F	1961	1980	41	19	4	4	400	N	Dentist	N	Y
123	F	1964	1980	38	16	3	4	400	Y	Dentist	Y	Y
124	F	1964	1980	38	16	3	4	400	Y	Dentist	N	Y
125	F	1964	1980	38	16	3	4	400	Y	Dentist	Y	Y
126	F	1964	1980	38	16	2	4	400	Y	Dentist	Y	Y
127	F	1964	1980	38	16	2	4	400	Y	Dentist	Y	Y
128	F	1965	1980	37	15	2	4	400	Y	Dentist	Y	Y
129	F	1965	1980	37	15	2	4	400	Y	Dentist	N	Y
130	F	1967	1980	35	13	3	4	400	Y	Dentist	N	Y
131	F	1951	1981	51	30	3	4	400	Y	Dentist	Y	Y
132	F	1958	1981	44	23	4	4	400	N	Dentist	Y	N
133	F	1961	1981	41	20	4	2	200	N	Dentist	Y	N
134	F	1962	1981	40	19	2	4	400	Y	Dentist	Y	Y
135	F	1963	1981	39	18	3	8	404	Y	Dentist	Y	N
136	F	1966	1981	36	15	3	4	400	Y	Dentist	Y	Y
137	F	1964	1982	38	18	3	4	400	Y	Dentist	Y	Y
138	F	1964	1982	38	18	3	4	400	Y	Dentist	N	Y
139	F	1965	1982	37	17	3	4	400	Y	Dentist	Y	Y
140	F	1965	1982	37	17	3	4	400	Y	Dentist	Y	Y
141	F	1966	1982	36	16	2	4	400	Y	Dentist	Y	Y
142	F	1966	1982	36	16	4	4	400	N	Dentist	N	Y
143	F	1967	1982	35	15	2	4	400	Y	Dentist	Y	Y
144	F	1963	1983	39	20	3	4	400	Y	Dentist	N	Y
145	F	1963	1983	39	20	3	4	400	Y	Dentist	Y	Y
146	F	1965	1983	37	18	4	4	400	Y	Dentist	Y	Y
147	F	1965	1983	37	18	1	4	400	Y	Dentist	Y	Y
148	F	1966	1983	36	17	1	4	400	Y	Dentist	N	Y
149	F	1967	1983	35	16	3	4	400	Y	Dentist	Y	Y
150	F	1966	1984	36	18	3	4	400	Y	Dentist	Y	Y
151	F	1967	1984	35	17	4	2	200	N	Dentist	N	Y
152	F	1963	1985	39	22	4	4	4	N	Dentist	N	N
153	F	1969	1985	33	16	3	4	400	Y	Dentist	Y	Y

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
103	1	Elsies River	H	Machinist	3	H	O
104	6	Porterville	I	Supervisor	2	H	O
105	5	Ceres	I	Machinist	3	H	O
106	10	Parow	B	Data Capturer	2	H	O
107	10	Parow	B	Data Capturer	2	H	O
108	5	Goodwood	H	Machinist	3	H	O
109	5	Cape Town	I	Supervisor	2	H	O
110	4	Elsies River	H	Cleaner	3	F	H
111	7	Athlone	I	Training Instructor	2	H	O
112	10	Goodwood	H	Assistant Planner	2	H	O
113	7	Cape Town	I	Clerk	2	H	O
114	10	Kensington	H	Hairdresser	2	H	O
115	8	Diep River	I	Ironer	3	F	O
116	7	Ravensmead	D	Machinist	3	H	O
117	5	Stellenbosch	I	Ironer	3	F	O
118	5	Greyton	I	Packer	3	F	H
119	8	Parow	B	Sample Maker	3	H	H
120	5	Uitsig	E	Garment examiner	3	F	H
121	7	Cape Town	I	Clerk	2	H	O
122	6	Stellenbosch	I	Ironer	3	H	H
123	12	Goodwood	H	Accounting Clerk	2	H	O
124	10	Goodwood	H	Data Capturer	2	H	H
125	7	Bishop Lavis	F	Machinist	3	F	H
126	7	Bishop Lavis	F	Machinist	3	H	O
127	7	Kuilsriver	A	Machinist	3	H	O
128	6	Bishop Lavis	F	Machinist	3	H	O
129	5	Cape Town	I	Machinist	3	H	O
130	8	Cape Town	I	Machinist	3	H	O
131	6	Springbok	I	Machinist	3	F	H
132	8	Cape Town	I	Ironer	3	H	O
133	3	Michells Plain	I	Machinist	3	H	O
134	10	Brackenfell	A	Data Capturer	2	F	H
135	7	Cape Town	I	Machinist	3	H	O
136	6	Cape Town	I	Machinist	3	H	O
137	12	Kensington	H	Accounting Clerk	2	H	O
138	10	Kraaifontein	A	Data Capturer	2	H	O
139	12	Kraaifontein	A	Accounting Clerk	2	H	O
140	10	Goodwood	H	Data Capturer	2	H	H
141	7	Bishop Lavis	F	Machinist	3	H	O
142	10	Matroosfontein	H	Packer	3	F	H
143	10	Maitland	I	Data Capturer	2	H	O
144	10	Kensington	H	Data Capturer	2	H	O
145	7	Bellville	A	Machinist	3	H	O
146	6	Elsies River	H	Machinist	3	H	O
147	10	Kraaifontein	A	Nurse	2	H	O
148	6	Montagu	I	Machinist	3	F	H
149	12	Goodwood	H	Teacher	2	H	O
150	12	Bonteheuwel	G	Teacher	2	H	O
151	6	Bonteheuwel	G	Machinist	3	H	H
152	7	Riversdal	I	Machinist	3	H	O
153	8	Vredendal	I	Packer	3	H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
154	F	1969	1985	33	16	3	4	400	Y	Dentist	Y	Y
155	F	1970	1985	32	15	3	4	400	Y	Dentist	Y	Y
156	F	1968	1986	34	18	4	6	600	N	Dentist	Y	Y
157	F	1969	1986	33	17	3	4	400	Y	Dentist	Y	N
158	F	1969	1986	33	17	3	4	400	Y	Dentist	Y	Y
159	F	1973	1986	29	13	2	4	400	Y	Dentist	Y	Y
160	F	1966	1987	36	21	3	4	400	Y	Dentist	Y	Y
161	F	1967	1987	35	20	4	4	400	N	Dentist	N	Y
162	F	1967	1987	35	20	4	4	400	N	Dentist	Y	Y
163	F	1971	1987	31	16	4	4	400	Y	Dentist	Y	Y
164	F	1972	1987	30	15	4	4	400	N	Dentist	Y	Y
165	F	1972	1987	30	15	2	4	400	Y	Dentist	Y	Y
166	F	1973	1987	29	14	2	4	400	Y	Dentist	N	Y
167	F	1973	1987	29	14	2	4	400	Y	Dentist	Y	Y
168	F	1962	1988	40	26	3	4	400	Y	Dentist	Y	Y
169	F	1972	1988	30	16	1	4	400	Y	Dentist	Y	Y
170	F	1974	1988	28	14	2	4	400	Y	Dentist	Y	Y
171	F	1968	1989	34	21	3	4	400	Y	Dentist	Y	Y
172	F	1973	1989	29	16	4	4	400	N	Dentist	Y	N
173	F	1976	1989	26	13	3	4	400	Y	Dentist	Y	Y
174	F	1966	1990	36	24	4	4	400	N	Dentist	Y	Y
175	F	1973	1990	29	17	2	4	400	Y	Dentist	Y	Y
176	F	1974	1990	28	16	4	4	400	Y	Dentist	N	Y
177	F	1975	1992	27	17	2	4	400	Y	Dentist	Y	Y
178	F	1979	1992	23	13	4	4	400	Y	Dentist	Y	Y
179	F	1981	1993	21	12	3	4	400	Y	Dentist	Y	N
180	F	1970	1994	32	24	4	2	200	N	Dentist	Y	Y
181	F	1977	1994	25	17	1	4	400	Y	Dentist	Y	Y
182	F	1978	1994	24	16	2	4	400	Y	Dentist	Y	Y
183	F	1979	1995	23	16	1	4	400	Y	Dentist	Y	Y
184	F	1982	1995	20	13	3	4	400	Y	Dentist	Y	Y
185	F	1982	1995	20	13	2	4	400	Y	Dentist	Y	N
186	F	1983	1995	19	12	3	4	400	Y	Dentist	Y	N
187	F	1984	1995	18	11	3	4	400	Y	Dentist	Y	Y
188	F	1960	1996	42	36	4	4	400	N	Dentist	N	N
189	F	1981	1996	21	15	3	4	400	Y	Dentist	Y	Y
190	F	1981	1996	21	15	1	4	400	Y	Dentist	Y	Y
191	F	1983	1996	19	13	3	4	400	Y	Dentist	Y	Y
192	F	1983	1996	19	13	3	4	400	Y	Dentist	Y	N
193	F	1983	1996	19	13	3	4	400	Y	Dentist	Y	N
194	F	1983	1996	19	13	3	4	400	Y	Dentist	Y	N
195	F	1983	1996	19	13	2	4	400	Y	Dentist	Y	N
196	F	1984	1996	18	12	3	4	400	Y	Dentist	Y	N
197	F	1984	1996	18	12	2	4	400	Y	Dentist	Y	Y
198	F	1984	1996	18	12	3	4	400	Y	Dentist	Y	N
199	F	1984	1996	18	12	3	4	400	Y	Dentist	Y	Y
200	F	1984	1996	18	12	2	4	400	Y	Dentist	Y	N
201	F	1972	1997	30	25	3	4	400	Y	Dentist	Y	Y
202	F	1978	1997	24	19	4	4	400	N	Dentist	N	Y
203	F	1981	1997	21	16	4	4	400	N	Dentist	Y	Y
204	F	1981	1997	21	16	3	4	400	Y	Dentist	Y	N

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
154	7	Wolseley	I	Packer	3	H	O
155	13	Parow	B	Actuary	1	H	O
156	7	Ravensmead	D	Machinist	3	F	O
157	10	Ceres	I	Fitter	2	H	O
158	8	Cape Town	I	Machinist	3	H	O
159	13	Parow	B	Social Worker	1	H	O
160	7	Bonteheuwel	G	Packer	3	H	O
161	10	Elsies River	H	Administration	2	H	O
162	9	Paarl	I	Machinist	3	F	H
163	10	Heidelberg	I	Machinist	3	H	O
164	6	Elsies River	H	Garment examiner	3	H	O
165	12	Belhar	C	Social Worker	2	H	O
166	7	Cape Town	I	Machinist	3	H	O
167	5	Queenstown	I	Machinist	3	H	O
168	10	Elsies River	H	Debtor's Clerk	2	H	O
169	5	Kensington	H	Packer	3	F	H
170	8	Elsies River	H	Machinist	3	H	O
171	10	Elsies River	H	Quality Control	2	H	O
172	10	Ravensmead	D	Export Controller	2	H	O
173	9	Elsies River	H	Quality Control	2	H	O
174	8	Riversdal	I	Machinist	3	H	O
175	10	Cape Town	I	Machinist	3	H	O
176	8	Athlone	I	Machinist	3	H	H
177	12	Belhar	C	Social Worker	2	H	O
178	10	Goodwood	H	Debtor's Clerk	2	H	O
179	8	Elsies River	H	Scholar		H	O
180	8	Bellville	A	Supervisor	2	H	O
181	6	Blackheath	G	Packer	3	F	H
182	10	Parow	B	Debtor's Clerk	2	H	O
183	8	Parow	B	Peeler	3	F	H
184	10	Uitsig	E	Machinist	3	H	O
185	8	Elsies River	H	Scholar		H	O
186	9	Valhala Park	G	Scholar		H	O
187	8	Bishop Lavis	F	Scholar		H	O
188	5	Bellville	A	Layer Up	3	H	O
189	10	Goodwood	H	Debtor's Clerk	2	H	O
190	12	Belhar	C	Teacher	2	H	O
191	8	Elsies River	H	Scholar		H	O
192	9	Nooitgedacht	F	Scholar		H	O
193	8	Valhala Park	G	Scholar		H	O
194	8	Valhala Park	G	Scholar		H	O
195	9	Valhala Park	G	Scholar		H	O
196	8	Elsies River	H	Scholar		H	O
197	8	Elsies River	H	Scholar		H	O
198	7	Uitsig	E	Scholar		F	H
199	7	Uitsig	E	Scholar		H	O
200	8	Valhala Park	G	Scholar		H	O
201	6	Cape Town	I	Packer	3	H	O
202	7	Transkei	I	Cleaner	3	H	O
203	8	Elsies River	H	Packer	3	F	H
204	9	Nooitgedacht	F	Scholar		F	H

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
205	F	1982	1997	20	15	2	4	400	Y	Dentist	Y	Y
206	F	1982	1997	20	15	3	4	400	Y	Dentist	Y	Y
207	F	1982	1997	20	15	3	4	400	Y	Dentist	Y	Y
208	F	1982	1997	20	15	3	4	400	Y	Dentist	Y	Y
209	F	1982	1997	20	15	2	4	400	Y	Dentist	Y	N
210	F	1983	1997	19	14	3	4	400	Y	Dentist	Y	N
211	F	1984	1997	18	13	4	4	400	Y	Dentist	Y	Y
212	F	1984	1997	18	13	2	4	400	Y	Dentist	Y	Y
213	F	1984	1997	18	13	3	4	400	Y	Dentist	Y	Y
214	F	1984	1997	18	13	4	4	400	Y	Dentist	Y	Y
215	F	1984	1997	18	13	3	4	400	Y	Dentist	Y	N
216	F	1985	1997	17	12	4	4	400	N	Dentist	Y	Y
217	F	1985	1997	17	12	3	4	400	Y	Dentist	Y	N
218	F	1985	1997	17	12	3	4	400	Y	Dentist	Y	N
219	F	1985	1997	17	12	3	4	400	Y	Dentist	Y	Y
220	F	1985	1997	17	12	2	4	400	Y	Dentist	Y	Y
221	F	1985	1997	17	12	3	4	400	Y	Dentist	Y	N
222	F	1985	1997	17	12	3	4	400	Y	Dentist	Y	Y
223	F	1985	1997	17	12	3	4	400	Y	Dentist	Y	Y
224	F	1985	1997	17	12	3	4	400	Y	Dentist	Y	N
225	F	1985	1997	17	12	2	4	400	Y	Dentist	Y	N
226	F	1986	1997	16	11	3	4	400	Y	Dentist	Y	N
227	F	1965	1998	37	33	4	4	400	N	Dentist	N	Y
228	F	1980	1998	22	18	2	4	400	Y	Dentist	Y	Y
229	F	1982	1998	20	16	3	4	400	Y	Dentist	Y	Y
230	F	1982	1998	20	16	2	8	404	Y	Dentist	Y	N
231	F	1982	1998	20	16	2	4	400	Y	Dentist	Y	Y
232	F	1982	1998	20	16	5	4	400	Y	Dentist	N	Y
233	F	1982	1998	20	16	2	8	404	Y	Dentist	Y	N
234	F	1982	1998	20	16	3	4	400	Y	Dentist	Y	N
235	F	1983	1998	19	15	3	4	400	Y	Dentist	Y	Y
236	F	1983	1998	19	15	3	4	400	Y	Dentist	Y	Y
237	F	1983	1998	19	15	3	4	400	Y	Dentist	Y	Y
238	F	1983	1998	19	15	2	4	400	Y	Dentist	Y	N
239	F	1983	1998	19	15	2	4	400	Y	Dentist	Y	Y
240	F	1983	1998	19	15	3	4	400	Y	Dentist	Y	Y
241	F	1983	1998	19	15	3	4	400	Y	Dentist	Y	Y
242	F	1983	1998	19	15	3	4	400	Y	Dentist	Y	Y
243	F	1984	1998	18	14	3	4	400	Y	Dentist	Y	N
244	F	1984	1998	18	14	2	4	400	Y	Dentist	Y	Y
245	F	1984	1998	18	14	3	4	400	Y	Dentist	Y	N
246	F	1984	1998	18	14	4	4	400	N	Dentist	N	N
247	F	1984	1998	18	14	3	4	400	Y	Dentist	Y	N
248	F	1984	1998	18	14	3	8	404	Y	Dentist	Y	Y
249	F	1985	1998	17	13	4	4	400	N	Dentist	Y	Y
250	F	1985	1998	17	13	2	4	400	Y	Dentist	Y	N
251	F	1985	1998	17	13	2	4	400	Y	Dentist	Y	N
252	F	1985	1998	17	13	2	4	400	Y	Dentist	Y	Y
253	F	1985	1998	17	13	3	4	400	Y	Dentist	Y	Y
254	F	1985	1998	17	13	3	4	400	Y	Dentist	Y	N
255	F	1985	1998	17	13	3	4	400	Y	Dentist	Y	N

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
205	10	Belhar	C	Data Capturer	2	F	H
206	9	Heideveld	G	Scholar		H	O
207	9	Nooitgedacht	F	Scholar		H	O
208	8	Valhala Park	G	Scholar		H	O
209	8	Valhala Park	G	Scholar		H	H
210	8	Bonteheuwel	G	Scholar		F	H
211	8	Belhar	C	Scholar		H	O
212	7	Cape Town	I	Scholar		H	O
213	8	Elsies River	H	Scholar		H	O
214	8	Parow	B	Scholar		H	O
215	8	Valhala Park	G	Scholar		F	O
216	7	Bellville	A	Scholar		H	O
217	8	Bellville	A	Scholar		H	O
218	8	Elsies River	H	Scholar		F	H
219	7	Elsies River	H	Scholar		H	O
220	9	Heideveld	G	Scholar		H	O
221	8	Mitchell's Plain	I	Scholar		F	H
222	8	Parow	B	Scholar		H	O
223	8	Ravensmead	D	Scholar		H	O
224	8	Valhala Park	G	Scholar		F	H
225	8	Valhala Park	G	Scholar		H	O
226	7	Goodwood	H	Scholar		H	O
227	6	Ravensmead	D	Machinist	3	F	H
228	10	Goodwood	H	Debtor's Clerk	2	H	O
229	9	Bonteheuwel	G	Scholar		H	O
230	8	Bonteheuwel	G	Scholar		H	O
231	8	Bonteheuwel	G	Scholar		H	O
232	8	Elsies River	H	Scholar		F	H
233	8	Johannesburg	I	Scholar		H	O
234	9	Nooitgedacht	F	Scholar		F	H
235	8	Bonteheuwel	G	Scholar		F	H
236	9	Heideveld	G	Scholar		H	O
237	8	Nooitgedacht	F	Scholar		H	O
238	8	Nooitgedacht	F	Scholar		H	H
239	9	Nooitgedacht	F	Scholar		H	O
240	9	Valhala Park	G	Scholar		H	O
241	8	Valhala Park	G	Scholar		F	H
242	8	Valhala Park	G	Scholar		H	O
243	8	Bellville	A	Scholar		H	H
244	8	Bellville	A	Scholar		H	O
245	7	Bishop Lavis	F	Scholar		F	H
246	8	Cape Town	I	Scholar		H	O
247	8	Elsies River	H	Scholar		F	H
248	7	Ravensmead	D	Scholar		F	H
249	7	Belhar	C	Scholar		H	O
250	8	Belhar	C	Scholar		H	O
251	8	Bishop Lavis	F	Scholar		H	O
252	7	Bishop Lavis	F	Scholar		H	O
253	8	Delft	J	Scholar		H	O
254	7	Elsies River	H	Scholar		H	O
255	9	Heideveld	G	Scholar		F	H

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
256	F	1985	1998	17	13	3	4	400	Y	Dentist	Y	Y
257	F	1985	1998	17	13	2	4	400	Y	Dentist	Y	N
258	F	1985	1998	17	13	3	4	400	Y	Dentist	Y	N
259	F	1985	1998	17	13	2	4	400	Y	Dentist	Y	Y
260	F	1985	1998	17	13	4	4	400	N	Dentist	Y	Y
261	F	1985	1998	17	13	3	4	400	Y	Dentist	Y	N
262	F	1985	1998	17	13	3	4	400	Y	Dentist	Y	N
263	F	1985	1998	17	13	3	4	400	Y	Dentist	Y	N
264	F	1985	1998	17	13	3	4	400	Y	Dentist	Y	N
265	F	1985	1998	17	13	3	4	400	Y	Dentist	Y	Y
266	F	1985	1998	17	13	2	4	400	Y	Dentist	Y	N
267	F	1986	1998	16	12	2	4	400	Y	Dentist	Y	Y
268	F	1986	1998	16	12	4	4	400	Y	Dentist	Y	N
269	F	1986	1998	16	12	3	4	400	Y	Dentist	Y	Y
270	F	1986	1998	16	12	3	4	400	Y	Dentist	Y	N
271	F	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
272	F	1986	1998	16	12	3	4	400	Y	Dentist	Y	Y
273	F	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
274	F	1986	1998	16	12	3	4	400	Y	Dentist	Y	N
275	F	1986	1998	16	12	3	4	400	Y	Dentist	Y	Y
276	F	1986	1998	16	12	4	4	4	Y	Dentist	Y	Y
277	F	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
278	F	1983	1999	19	16	4	4	400	N	Dentist	Y	Y
279	F	1983	1999	19	16	3	4	400	Y	Dentist	Y	Y
280	F	1983	1999	19	16	3	4	400	Y	Dentist	Y	Y
281	F	1983	1999	19	16	3	4	400	Y	Dentist	Y	Y
282	F	1983	1999	19	16	3	4	400	Y	Dentist	Y	N
283	F	1983	1999	19	16	2	4	400	Y	Dentist	N	N
284	F	1983	1999	19	16	1	4	400	Y	Dentist	Y	Y
285	F	1983	1999	19	16	4	4	400	N	Dentist	Y	Y
286	F	1983	1999	19	16	2	4	400	Y	Dentist	Y	N
287	F	1984	1999	18	15	3	4	400	Y	Dentist	Y	N
288	F	1984	1999	18	15	1	4	400	Y	Dentist	Y	Y
289	F	1984	1999	18	15	3	4	400	Y	Dentist	Y	N
290	F	1984	1999	18	15	3	4	400	N	Dentist	Y	Y
291	F	1984	1999	18	15	3	4	400	Y	Dentist	Y	Y
292	F	1984	1999	18	15	3	4	400	Y	Dentist	Y	Y
293	F	1984	1999	18	15	3	4	400	Y	Dentist	Y	Y
294	F	1984	1999	18	15	2	4	400	Y	Dentist	Y	N
295	F	1985	1999	17	14	3	4	400	Y	Dentist	Y	Y
296	F	1985	1999	17	14	3	4	400	Y	Dentist	Y	Y
297	F	1985	1999	17	14	3	4	400	Y	Dentist	Y	Y
298	F	1985	1999	17	14	3	4	400	Y	Dentist	Y	N
299	F	1985	1999	17	14	3	4	400	Y	Dentist	Y	Y
300	F	1985	1999	17	14	3	4	400	Y	Dentist	Y	Y
301	F	1985	1999	17	14	2	4	400	Y	Dentist	Y	N
302	F	1985	1999	17	14	3	4	400	Y	Dentist	Y	Y
303	F	1985	1999	17	14	3	4	400	Y	Dentist	N	N
304	F	1985	1999	17	14	3	4	400	Y	Dentist	Y	Y
305	F	1985	1999	17	14	2	4	400	Y	Dentist	Y	N
306	F	1985	1999	17	14	2	4	400	Y	Dentist	Y	N

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
256	9	Heideveld	G	Scholar		H	O
257	7	Montana	G	Scholar		H	O
258	8	Nooitgedacht	F	Scholar		H	O
259	7	Nooitgedacht	F	Scholar		H	O
260	7	Parow	B	Scholar		H	O
261	7	Ravensmead	D	Scholar		H	H
262	7	Uitsig	E	Scholar		H	O
263	8	Valhala Park	G	Scholar		H	O
264	8	Valhala Park	G	Scholar		H	O
265	7	Valhala Park	G	Scholar		H	O
266	7	Valhala Park	G	Scholar		H	O
267	7	Bellville	A	Scholar		H	O
268	7	Delft	J	Scholar		H	O
269	7	Delft	J	Scholar		H	O
270	7	Elsies River	H	Scholar		F	H
271	7	Elsies River	H	Scholar		H	O
272	8	Kuils River	A	Scholar		H	O
273	7	Montana	G	Scholar		H	O
274	7	Parow	B	Scholar		H	O
275	8	Parow	B	Scholar		H	O
276	8	Uitsig	E	Scholar		F	H
277	8	Valhala Park	G	Scholar		H	O
278	8	Belhar	C	Scholar		H	O
279	8	Belhar	C	Scholar		H	O
280	8	Bonteheuwel	G	Scholar		F	H
281	8	Elsies River	H	Scholar		H	O
282	8	Nooitgedacht	F	Scholar		F	O
283	8	Nooitgedacht	F	Scholar		H	O
284	8	Nooitgedacht	F	Scholar		H	O
285	8	Parow	B	Scholar		H	O
286	9	Valhala Park	G	Scholar		H	O
287	8	Bishop Lavis	F	Scholar		H	O
288	8	Bonteheuwel	G	Scholar		H	O
289	9	Montana	G	Scholar		H	O
290	9	Montana	G	Scholar		H	O
291	8	Nooitgedacht	F	Scholar		H	O
292	9	Valhala Park	G	Scholar		H	O
293	8	Valhala Park	G	Scholar		H	O
294	9	Valhala Park	G	Scholar		H	H
295	7	Belhar	C	Scholar		F	H
296	8	Bellville	A	Scholar		H	O
297	7	Bishop Lavis	F	Scholar		F	H
298	7	Elsies River	H	Scholar		H	O
299	9	Heideveld	G	Scholar		H	H
300	8	Mitchell's Plain	I	Scholar		F	H
301	8	Montana	G	Scholar		H	H
302	8	Ravensmead	D	Scholar		F	H
303	7	Uitsig	E	Scholar		H	O
304	8	Uitsig	E	Scholar		F	H
305	8	Valhala Park	G	Scholar		H	H
306	8	Valhala Park	G	Scholar		H	H

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
307	F	1985	1999	17	14	2	4	400	Y	Dentist	Y	N
308	F	1985	1999	17	14	2	4	400	Y	Dentist	Y	Y
309	F	1985	1999	17	14	1	4	400	Y	Dentist	Y	N
310	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
311	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	Y
312	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
313	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
314	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
315	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	Y
316	F	1986	1999	16	13	2	4	400	Y	Dentist	Y	N
317	F	1986	1999	16	13	2	4	400	Y	Dentist	Y	Y
318	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
319	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
320	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
321	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
322	F	1986	1999	16	13	2	4	400	Y	Dentist	Y	N
323	F	1986	1999	16	13	2	4	400	Y	Dentist	Y	N
324	F	1986	1999	16	13	2	4	400	Y	Dentist	Y	Y
325	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
326	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	Y
327	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
328	F	1986	1999	16	13	2	4	400	Y	Dentist	Y	Y
329	F	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
330	F	1987	1999	15	12	3	4	400	Y	Dentist	Y	Y
331	F	1977	2000	25	23	3	4	400	Y	Dentist	Y	Y
332	F	1982	2000	20	18	3	4	400	Y	Dentist	Y	N
333	F	1983	2000	19	17	3	4	400	Y	Dentist	Y	N
334	F	1983	2000	19	17	3	4	400	Y	Dentist	Y	N
335	F	1983	2000	19	17	3	4	400	Y	Dentist	Y	Y
336	F	1984	2000	18	16	3	4	400	Y	Dentist	Y	Y
337	F	1984	2000	18	16	4	4	400	N	Dentist	Y	N
338	F	1984	2000	18	16	3	4	400	Y	Dentist	Y	N
339	F	1984	2000	18	16	3	4	400	Y	Dentist	Y	N
340	F	1984	2000	18	16	3	4	400	Y	Dentist	Y	N
341	F	1984	2000	18	16	3	4	400	Y	Dentist	Y	Y
342	F	1984	2000	18	16	3	4	400	Y	Dentist	Y	Y
343	F	1984	2000	18	16	4	4	400	Y	Dentist	Y	Y
344	F	1984	2000	18	16	3	4	400	Y	Dentist	Y	Y
345	F	1984	2000	18	16	3	4	400	Y	Dentist	Y	Y
346	F	1984	2000	18	16	4	4	400	Y	Dentist	Y	Y
347	F	1984	2000	18	16	3	4	400	Y	Dentist	Y	N
348	F	1984	2000	18	16	2	4	400	Y	Dentist	Y	N
349	F	1984	2000	18	16	2	4	400	Y	Dentist	Y	N
350	F	1984	2000	18	16	2	4	400	Y	Dentist	Y	N
351	F	1984	2000	18	16	2	4	400	Y	Dentist	Y	N
352	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	N
353	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	Y
354	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	N
355	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	Y
356	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	Y
357	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	N

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
307	9	Valhala Park	G	Scholar		H	O
308	9	Valhala Park	G	Scholar		H	O
309	9	Valhala Park	G	Scholar		H	O
310	8	Belhar	C	Scholar		F	H
311	7	Bellville	A	Scholar		H	O
312	8	Bishop Lavis	F	Scholar		F	H
313	7	Bishop Lavis	F	Scholar		F	H
314	7	Bishop Lavis	F	Scholar		H	O
315	8	Bishop Lavis	F	Scholar		H	O
316	7	Bishop Lavis	F	Scholar		H	O
317	7	Bishop Lavis	F	Scholar		H	O
318	7	Delft	J	Scholar		F	H
319	7	Elsies River	H	Scholar		H	H
320	7	Elsies River	H	Scholar		F	H
321	7	Elsies River	H	Scholar		H	O
322	7	Elsies River	H	Scholar		H	O
323	7	Elsies River	H	Scholar		H	O
324	7	Ladismith	I	Scholar		H	O
325	8	Montana	G	Scholar		H	O
326	9	Montana	G	Scholar		H	O
327	8	Parow	B	Scholar		H	O
328	7	Parow	B	Scholar		H	O
329	9	Valhala Park	G	Scholar		H	O
330	7	Nooitgedacht	F	Scholar		H	O
331	10	Bellville	A	Buyer's Assisstant	2	H	O
332	8	Valhala Park	G	Scholar		H	O
333	7	Belhar	C	Scholar		H	O
334	9	Valhala Park	G	Scholar		H	O
335	8	Valhala Park	G	Scholar		H	O
336	8	Bellville	A	Scholar		F	O
337	8	Elsies River	H	Scholar		F	H
338	8	Elsies River	H	Scholar		F	H
339	9	Elsies River	H	Scholar		H	H
340	8	Elsies River	H	Scholar		H	O
341	8	Elsies River	H	Scholar		F	H
342	8	Kraaifontein	A	Scholar		H	O
343	8	Mitchell's Plain	I	Scholar		F	H
344	8	Montana	G	Scholar		H	O
345	8	Montana	G	Scholar		H	O
346	8	Parow	B	Scholar		F	O
347	7	Ravensmead	D	Scholar		H	O
348	8	Robertson	I	Scholar		H	O
349	9	Valhala Park	G	Scholar		H	O
350	9	Valhala Park	G	Scholar		H	O
351	9	Valhala Park	G	Scholar		H	O
352	9	Bellville	A	Scholar		H	O
353	8	Bellville	A	Scholar		H	O
354	7	Bishop Lavis	F	Scholar		H	O
355	7	Bishop Lavis	F	Scholar		F	H
356	8	Bishop Lavis	F	Scholar		F	H
357	9	Bonteheuwel	G	Scholar		F	H

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
358	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	N
359	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	Y
360	F	1985	2000	17	15	2	4	400	Y	Dentist	Y	Y
361	F	1985	2000	17	15	2	4	400	Y	Dentist	Y	Y
362	F	1985	2000	17	15	1	4	400	Y	Dentist	Y	Y
363	F	1985	2000	17	15	4	4	400	N	Dentist	Y	Y
364	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	N
365	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	N
366	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	N
367	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	N
368	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	N
369	F	1985	2000	17	15	3	4	400	Y	Dentist	Y	N
370	F	1986	2000	16	14	4	4	400	N	Dentist	N	Y
371	F	1986	2000	16	14	3	4	400	Y	Dentist	Y	Y
372	F	1986	2000	16	14	4	4	400	Y	Dentist	Y	Y
373	F	1986	2000	16	14	3	4	400	Y	Dentist	Y	N
374	F	1986	2000	16	14	3	4	400	Y	Dentist	Y	N
375	F	1986	2000	16	14	3	4	400	Y	Dentist	Y	N
376	F	1986	2000	16	14	3	4	400	Y	Dentist	Y	N
377	F	1986	2000	16	14	2	4	400	Y	Dentist	Y	N
378	F	1986	2000	16	14	1	4	400	Y	Dentist	Y	Y
379	F	1986	2000	16	14	1	4	400	Y	Dentist	Y	N
380	F	1986	2000	16	14	3	4	400	Y	Dentist	Y	Y
381	F	1987	2000	15	13	3	4	400	Y	Dentist	Y	N
382	F	1987	2000	15	13	3	4	400	Y	Dentist	Y	Y
383	F	1987	2000	15	13	2	4	400	Y	Dentist	Y	N
384	F	1971	2001	31	30	2	2	200	Y	Dentist	Y	Y
385	F	1982	2001	20	19	3	4	400	Y	Dentist	Y	N
386	F	1983	2001	19	18	2	4	400	Y	Dentist	Y	N
387	F	1983	2001	19	18	3	4	400	Y	Dentist	Y	Y
388	F	1984	2001	18	17	3	4	400	Y	Dentist	Y	Y
389	F	1984	2001	18	17	3	4	400	Y	Dentist	Y	Y
390	F	1984	2001	18	17	2	4	400	Y	Dentist	Y	N
391	F	1984	2001	18	17	3	4	400	Y	Dentist	Y	Y
392	F	1984	2001	18	17	3	4	400	Y	Dentist	Y	Y
393	F	1984	2001	18	17	2	4	400	Y	Dentist	Y	N
394	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
395	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
396	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
397	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
398	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
399	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
400	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
401	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
402	F	1985	2001	17	16	4	4	400	N	Dentist	Y	N
403	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
404	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
405	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
406	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
407	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
408	F	1985	2001	17	16	2	4	400	Y	Dentist	Y	N

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
358	9	Bonteheuwel	G	Scholar		F	H
359	8	Cape Town	I	Scholar		H	O
360	7	Elsies River	H	Scholar		H	O
361	7	Mitchell's Plain	I	Scholar		H	O
362	8	Montana	G	Scholar		H	O
363	8	Nooitgedacht	F	Scholar		F	H
364	9	Nooitgedacht	F	Scholar		F	H
365	9	Parow	B	Scholar		F	H
366	8	Uitsig	E	Scholar		H	O
367	9	Valhala Park	G	Scholar		H	O
368	8	Valhala Park	G	Scholar		H	O
369	8	Valhala Park	G	Scholar		H	O
370	7	Belhar	C	Scholar		H	O
371	7	Belhar	C	Scholar		F	H
372	8	Bishop Lavis	F	Scholar		H	O
373	7	Bishop Lavis	F	Scholar		H	O
374	7	Delft	J	Scholar		H	O
375	7	Delft	J	Scholar		F	H
376	7	Elsies River	H	Scholar		H	O
377	7	Elsies River	H	Scholar		H	H
378	8	Montana	G	Scholar		H	O
379	7	Montana	G	Scholar		H	O
380	7	Parow	B	Scholar		H	O
381	7	Bishop Lavis	F	Scholar		H	O
382	7	Elsies River	H	Scholar		H	O
383	7	Matroosfontein	H	Scholar		H	O
384	10	Bonteheuwel	G	Garment examiner	3	H	O
385	8	Valhala Park	G	Scholar		H	O
386	8	Nooitgedacht	F	Scholar		H	O
387	8	Valhala Park	G	Scholar		H	O
388	8	Bellville	A	Scholar		H	O
389	9	Montana	G	Scholar		H	O
390	7	Nooitgedacht	F	Scholar		H	O
391	7	Uitsig	E	Scholar		F	H
392	8	Valhala Park	G	Scholar		H	O
393	8	Valhala Park	G	Scholar		H	O
394	8	Belhar	C	Scholar		H	O
395	8	Belhar	C	Scholar		H	O
396	7	Belhar	C	Scholar		H	O
397	8	Belhar	C	Scholar		H	O
398	8	Belhar	C	Scholar		H	O
399	8	Belhar	C	Scholar		H	O
400	8	Belhar	C	Scholar		H	O
401	8	Bellville	A	Scholar		H	O
402	8	Bishop Lavis	F	Scholar		F	H
403	8	Bishop Lavis	F	Scholar		F	H
404	8	Bishop Lavis	F	Scholar		F	H
405	7	Bishop Lavis	F	Scholar		H	O
406	8	Bishop Lavis	F	Scholar		H	O
407	7	Bishop Lavis	F	Scholar		H	O
408	7	Bishop Lavis	F	Scholar		H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
409	F	1985	2001	17	16	4	4	400	N	Dentist	Y	Y
410	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
411	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
412	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
413	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
414	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
415	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
416	F	1985	2001	17	16	2	4	400	Y	Dentist	Y	N
417	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
418	F	1985	2001	17	16	2	4	400	Y	Dentist	Y	N
419	F	1985	2001	17	16	4	4	400	N	Dentist	Y	N
420	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
421	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
422	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
423	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
424	F	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
425	F	1985	2001	17	16	2	4	400	Y	Dentist	Y	N
426	F	1986	2001	16	15	4	4	400	N	Dentist	N	Y
427	F	1986	2001	16	15	3	4	400	Y	Dentist	Y	Y
428	F	1986	2001	16	15	3	4	400	Y	Dentist	Y	N
429	F	1986	2001	16	15	3	4	400	Y	Dentist	Y	Y
430	F	1986	2001	16	15	2	4	400	Y	Dentist	Y	N
431	F	1986	2001	16	15	2	4	400	Y	Dentist	Y	N
432	F	1986	2001	16	15	3	4	400	Y	Dentist	Y	N
433	F	1986	2001	16	15	3	4	400	Y	Dentist	Y	N
434	F	1986	2001	16	15	3	4	400	Y	Dentist	Y	N
435	F	1986	2001	16	15	2	4	400	Y	Dentist	Y	Y
436	F	1986	2001	16	15	4	4	400	N	Dentist	N	Y
437	F	1986	2001	16	15	3	4	400	Y	Dentist	Y	N
438	F	1986	2001	16	15	3	4	400	Y	Dentist	Y	N
439	F	1986	2001	16	15	3	4	400	Y	Dentist	Y	N
440	F	1986	2001	16	15	3	4	400	Y	Dentist	Y	Y
441	F	1986	2001	16	15	2	4	400	Y	Dentist	Y	N
442	F	1987	2001	15	14	3	4	400	Y	Dentist	Y	Y
443	F	1987	2001	15	14	2	4	400	Y	Dentist	Y	Y
444	F	1987	2001	15	14	2	4	400	Y	Dentist	Y	N
445	F	1987	2001	15	14	3	4	400	Y	Dentist	Y	Y
446	F	1979	2002	23	23	4	4	400	N	Dentist	N	Y
447	F	1984	2002	18	18	4	4	400	N	Dentist	Y	Y
448	F	1984	2002	18	18	2	4	400	Y	Dentist	Y	N
449	F	1986	2002	16	16	3	4	400	Y	Dentist	Y	Y
450	F	1986	2002	16	16	3	4	400	Y	Dentist	Y	N
451	F	1986	2002	16	16	2	4	400	Y	Dentist	Y	N
452	F	1987	2002	15	15	3	4	400	Y	Dentist	Y	N
453	M	1922	1937	80	15	4	4	400	N	Dentist	Y	N
454	M	1921	1939	81	18	4	4	4	N	Dentist	Y	N
455	M	1926	1939	76	13	1	2	2	Y	Uncle	Y	N
456	M	1924	1941	78	17	4	4	400	N	Dentist	Y	N
457	M	1926	1941	76	15	4	4	400	Y	Dentist	Y	Y
458	M	1927	1942	75	15	4	4	400	N	Dentist	Y	N
459	M	1924	1943	78	19	2	4	400	Y	Dentist	Y	Y

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
409	8	Cape Town	I	Scholar		H	O
410	8	Cape Town	I	Scholar		H	O
411	8	Delft	J	Scholar		H	O
412	7	Elsies River	H	Scholar		H	O
413	8	Elsies River	H	Scholar		H	O
414	8	Heideveld	G	Scholar		H	O
415	7	Kraaifontein	A	Scholar		H	O
416	8	Malmesbury	I	Scholar		H	O
417	8	Nooitgedacht	F	Scholar		F	H
418	8	Nooitgedacht	F	Scholar		H	O
419	8	Parow	B	Scholar		H	O
420	7	Parow	B	Scholar		H	O
421	7	Valhala Park	G	Scholar		H	O
422	8	Valhala Park	G	Scholar		H	O
423	8	Valhala Park	G	Scholar		H	O
424	8	Valhala Park	G	Scholar		H	O
425	7	Valhalla Park	G	Scholar		H	O
426	7	Belhar	C	Scholar		H	O
427	7	Bellville	A	Scholar		F	H
428	7	Bishop Lavis	F	Scholar		F	H
429	7	Bishop Lavis	F	Scholar		F	H
430	7	Bishop Lavis	F	Scholar		H	O
431	8	Bishop Lavis	F	Scholar		H	O
432	7	Delft	J	Scholar		F	H
433	7	Elsies River	H	Scholar		H	O
434	7	Goodwood	H	Scholar		H	O
435	9	Montana	G	Scholar		H	O
436	7	Parow	B	Scholar		H	O
437	7	Parow	B	Scholar		F	H
438	7	Valhala Park	G	Scholar		F	H
439	8	Valhala Park	G	Scholar		H	H
440	7	Valhala Park	G	Scholar		H	O
441	7	Valhala Park	G	Scholar		H	H
442	7	Belhar	C	Scholar		F	O
443	7	Bishop Lavis	F	Scholar		H	O
444	7	Delft	J	Scholar		H	H
445	7	Elsies River	H	Scholar		F	H
446	7	Bellville	A	Packer	3	F	H
447	8	Bellville	A	Scholar		H	O
448	9	Nooitgedacht	F	Scholar		H	O
449	7	Bishop Lavis	F	Scholar		H	O
450	7	Elsies River	H	Scholar		F	H
451	7	Valhala Park	G	Scholar		H	O
452	9	Montana	G	Scholar		F	H
453	8	Uitsig	E	Machine Operator	3	H	O
454	8	Bonteheuwel	G	Driver	3	H	O
455	8	Windhoek	I	Carpenter	2	H	O
456	7	Elsies River	H	Cargo Loader	2	F	O
457	8	Parow	B	Assembler	2	H	O
458	7	Wellington	I	Foreman	2	H	O
459	8	Cape Town	I	Mechanic	2	H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
460	M	1925	1943	77	18	2	4	400	Y	Dentist	Y	Y
461	M	1924	1945	78	21	2	4	400	Y	Dentist	Y	Y
462	M	1928	1945	74	17	4	4	400	N	Dentist	Y	N
463	M	1928	1947	74	19	2	4	400	Y	Dentist	Y	Y
464	M	1930	1948	72	18	2	4	400	Y	Dentist	Y	Y
465	M	1932	1949	70	17	1	4	400	Y	Dentist	Y	Y
466	M	1933	1949	69	16	2	4	400	Y	Dentist	Y	Y
467	M	1928	1950	74	22	2	4	400	N	Dentist	Y	Y
468	M	1929	1951	73	22	1	4	400	Y	Dentist	Y	Y
469	M	1934	1951	68	17	1	4	400	Y	Dentist	Y	Y
470	M	1919	1952	83	33	5	8	404	Y	Self	N	N
471	M	1930	1952	72	22	1	4	400	Y	Dentist	Y	Y
472	M	1933	1952	69	19	2		400	Y	Dentist	Y	Y
473	M	1938	1953	64	15	2	4	400	Y	Dentist	Y	Y
474	M	1936	1955	66	19	1	4	400	Y	Dentist	Y	Y
475	M	1938	1955	64	17	1	4	400	Y	Dentist	Y	Y
476	M	1939	1955	63	16	2	4	400	Y	Dentist	Y	Y
477	M	1942	1955	60	13	2	4	400	Y	Dentist	Y	Y
478	M	1931	1956	71	25	3	4	400	Y	Dentist	Y	Y
479	M	1936	1956	66	20	2	4	400	Y	Dentist	Y	Y
480	M	1940	1956	62	16	2	4	400	Y	Dentist	Y	Y
481	M	1943	1956	59	13	2	4	400	Y	Dentist	Y	Y
482	M	1944	1956	58	12	2	4	400	Y	Dentist	Y	Y
483	M	1939	1957	63	18	1	4	400	Y	Dentist	Y	Y
484	M	1942	1957	60	15	2	4	400	Y	Dentist	Y	Y
485	M	1942	1957	60	15	3	4	400	Y	Dentist	Y	Y
486	M	1934	1958	68	24	2	4	400	N	Dentist	Y	Y
487	M	1942	1958	60	16	2	4	400	Y	Dentist	Y	Y
488	M	1942	1958	60	16	2	4	400	Y	Dentist	Y	Y
489	M	1945	1958	57	13	2	4	400	Y	Dentist	Y	Y
490	M	1937	1959	65	22	5	8	404	Y	Dentist	N	Y
491	M	1940	1959	62	19	3	4	400	Y	Dentist	Y	Y
492	M	1942	1959	60	17	2	4	400	Y	Dentist	Y	Y
493	M	1935	1960	67	25	2	4	400	Y	Dentist	Y	Y
494	M	1935	1960	67	25	2	4	400	N	Dentist	Y	Y
495	M	1940	1960	62	20	1	4	400	Y	Dentist	Y	Y
496	M	1943	1960	59	17	2	4	400	Y	Dentist	Y	Y
497	M	1945	1960	57	15	2	4	400	Y	Dentist	Y	Y
498	M	1939	1961	63	22	2	2	200	Y	Dentist	Y	Y
499	M	1942	1961	60	19	2	4	400	Y	Dentist	Y	Y
500	M	1944	1961	58	17	2	4	400	Y	Dentist	Y	Y
501	M	1947	1961	55	14	2	4	400	Y	Dentist	Y	Y
502	M	1944	1962	58	18	2	4	400	Y	Dentist	Y	Y
503	M	1950	1962	52	12	2	4	400	Y	Dentist	Y	Y
504	M	1938	1963	64	25	2	4	400	Y	Dentist	Y	Y
505	M	1940	1963	62	23	2	4	400	Y	Dentist	Y	N
506	M	1947	1963	55	16	2	4	400	Y	Dentist	Y	Y
507	M	1948	1963	54	15	2	4	4	Y	Dentist	Y	Y
508	M	1948	1964	54	16	3	4	400	Y	Dentist	Y	Y
509	M	1949	1964	53	15	2	4	400	Y	Dentist	Y	Y
510	M	1940	1965	62	25	3	4	400	Y	Dentist	Y	Y

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
460	5	Bellville	A	Factory worker	3	F	H
461	4	Wellington	I	Farm worker	3	F	H
462	2	Ceres	I	Factory worker	3	H	H
463	8	Bellville	A	Butcher	2	F	O
464	6	Uitsig	E	Factory worker	3	F	H
465	4	Elsies River	H	Builder	2	H	O
466	7	Clanwilliam	I	Driver	3	H	O
467	8	Cape Town	I	Carpenter	2	H	O
468	6	District Six	I	Factory worker	3	F	H
469	5	Uitsig	E	Factory worker	3	F	H
470	4	Port Alfred	I	Fisherman	3	H	H
471	8	District Six	I	Mechanic	2	H	O
472	7	Uitsig	E	Factory worker	3	F	H
473	8	Ceres	I	Financial Clerk	2	H	O
474	5	District Six	I	Factory worker	3	F	H
475	4	District Six	I	Factory worker	3	F	H
476	5	Malmesbury	I	Farm worker	3	H	H
477	6	Clanwilliam	I	Farm worker	3	H	H
478	9	Cape Town	I	Carpenter	2	H	O
479	8	Parow	B	Plumber	2	H	O
480	11	Bellville	A	Teacher	2	H	O
481	8	Parow	B	Machine Operator	3	H	O
482	8	Elsies River	H	Machine Operator	3	H	O
483	7	Elsies River	H	Factory worker	3	F	H
484	6	Piketberg	I	Farm worker	3	H	H
485	11	Wellington	I	Teacher	2	H	O
486	7	Bellville	A	Painter	3	H	H
487	9	Cape Town	I	Carpenter	2	H	O
488	7	Ceres	I	Farm worker	3	H	H
489	10	Kraaifontein	A	Driver	2	H	O
490	8	Windhoek	I	Welder	2	H	O
491	8	Cape Town	I	Driver	3	H	H
492	8	Rondebosch	I	Factory Foreman	2	H	O
493	7	Elsies River	H	Factory worker	3	F	H
494	6	District Six	I	Hospital Porter	3	H	O
495	5	Elsies River	H	Builder	2	H	O
496	5	Bonteheuwel	G	Machine Operator	3	F	H
497	8	Bellville	A	Machine Operator	3	H	O
498	8	Parow	B	Clerk	2	H	O
499	6	Upington	I	Mineworker	3	H	H
500	8	Bellville	A	Clerk	2	H	O
501	8	Cape Town	I	Loader	3	H	H
502	5	Uitsig	E	Machine Operator	3	F	H
503	7	Cape Town	I	Machine Operator	3	H	O
504	5	Elsies River	H	Factory worker	3	F	H
505	13	Port Elizabeth	I	Teacher	1	H	O
506	8	Cape Town	I	Loader	3	H	H
507	8	Kraaifontein	A	Electrician	2	H	O
508	5	Cape Town	I	Machine Operator	3	F	H
509	7	Ceres	I	Maintainance	2	H	O
510	12	Parow	B	Bookkeeper	1	H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
511	M	1942	1965	60	23	2	4	400	Y	Dentist	N	Y
512	M	1942	1965	60	23	2	4	400	Y	Dentist	Y	Y
513	M	1942	1965	60	23	2	4	400	Y	Dentist	Y	Y
514	M	1946	1965	56	19	2	4	400	Y	Dentist	Y	Y
515	M	1949	1965	53	16	2	4	400	Y	Dentist	Y	Y
516	M	1949	1965	53	16	4	4	400	Y	Dentist	Y	Y
517	M	1948	1966	54	18	3	4	400	Y	Dentist	Y	N
518	M	1949	1966	53	17	2	4	400	Y	Dentist	Y	Y
519	M	1951	1967	51	16	4	4	400	N	Dentist	Y	Y
520	M	1951	1967	51	16	2	4	400	Y	Dentist	Y	Y
521	M	1951	1967	51	16	2	4	400	Y	Dentist	Y	Y
522	M	1952	1967	50	15	5	4	4	Y	Dentist	N	Y
523	M	1953	1967	49	14	1	4	400	Y	Dentist	Y	Y
524	M	1953	1967	49	14	2	4	400	Y	Dentist	Y	Y
525	M	1954	1967	48	13	2	4	400	Y	Dentist	Y	Y
526	M	1942	1968	60	26	5	8	404	Y	Dentist	Y	Y
527	M	1952	1968	50	16	2	4	400	Y	Dentist	Y	Y
528	M	1952	1968	50	16	4	4	400	N	Dentist	Y	Y
529	M	1956	1968	46	12	2	4	400	Y	Dentist	Y	Y
530	M	1956	1968	46	12	4	4	4	Y	Town doct	Y	N
531	M	1942	1969	60	27	2	4	400	Y	Dentist	Y	Y
532	M	1954	1969	48	15	1	4	400	Y	Dentist	Y	Y
533	M	1954	1969	48	15	2	4	400	Y	Dentist	Y	Y
534	M	1955	1969	47	14	3	4	400	Y	Dentist	Y	Y
535	M	1952	1970	50	18	2	4	400	Y	Dentist	Y	Y
536	M	1954	1970	48	16	2	4	400	Y	Dentist	Y	Y
537	M	1955	1970	47	15	2	4	400	Y	Dentist	Y	Y
538	M	1956	1970	46	14	2	4	400	Y	Dentist	Y	Y
539	M	1952	1971	50	19	2	4	400	Y	Dentist	Y	Y
540	M	1952	1971	50	19	2	4	400	Y	Dentist	Y	Y
541	M	1953	1971	49	18	3	4	400	Y	Dentist	Y	Y
542	M	1955	1971	47	16	2	4	400	Y	Dentist	Y	Y
543	M	1956	1971	46	15	2	4	400	Y	Dentist	Y	Y
544	M	1957	1971	45	14	2	4	400	Y	Dentist	Y	Y
545	M	1958	1971	44	13	2	4	400	Y	Dentist	Y	Y
546	M	1959	1971	43	12	4	4	400	N	Dentist	Y	N
547	M	1953	1972	49	19	2	4	400	Y	Dentist	Y	Y
548	M	1953	1972	49	19	2	4	400	Y	Dentist	Y	Y
549	M	1957	1972	45	15	2	4	400	Y	Dentist	Y	Y
550	M	1960	1972	42	12	2	4	400	Y	Dentist	Y	Y
551	M	1953	1973	49	20	3	4	400	Y	Dentist	Y	Y
552	M	1954	1973	48	19	1	4	400	Y	Dentist	Y	Y
553	M	1957	1973	45	16	2	4	400	Y	Dentist	Y	Y
554	M	1957	1973	45	16	2	4	400	Y	Dentist	Y	Y
555	M	1957	1973	45	16	2	4	400	Y	Dentist	Y	Y
556	M	1957	1973	45	16	2	8	404	Y	Dentist	Y	Y
557	M	1958	1973	44	15	2	4	400	Y	Dentist	Y	Y
558	M	1960	1973	42	13	2	4	400	Y	Dentist	Y	Y
559	M	1955	1974	47	19	2	4	400	Y	Dentist	Y	Y
560	M	1958	1974	44	16	2	4	400	Y	Dentist	Y	Y
561	M	1958	1974	44	16	1	4	400	Y	Dentist	Y	Y

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
511	8	Bellville	A	Driver	3	H	O
512	7	De Dooms	I	Driver	3	H	O
513	7	Grassy Park	I	Maintainance man.	2	H	O
514	8	Kensington	H	Machine Operator	3	H	H
515	8	Bellville	A	Assembler	2	H	O
516	8	Belhar	C	Driver	2	H	O
517	7	Worcester	I	Machine Operator	3	H	O
518	7	Elsies River	H	Assembler	2	F	H
519	8	Goodwood	H	Fitter & Turner	3	H	H
520	6	Cape Town	I	Machine Operator	3	H	H
521	4	Cape Town	I	Machine Operator	3	H	H
522	10	Worcester	I	Bookkeeper	2	H	O
523	6	Ceres	I	Machine Operator	3	F	H
524	5	Stellenbosch	I	Machine Operator	3	H	H
525	8	Swellendam	I	Plumber	2	H	O
526	8	Walmer Estate	I	Carpenter	2	H	O
527	8	Kensington	H	Cargo Loader	3	H	O
528	4	Kuruman	I	Plumber	2	F	O
529	8	Malmesbury	I	Clerk	2	H	O
530	3	Worcester	I	Machine operator	3	H	O
531	8	Stellenbosch	I	Driver	3	H	O
532	6	Cape Town	I	Machine Operator	3	F	H
533	8	Bellville	A	Welder	2	H	O
534	8	Cape Town	I	Quality Control	2	H	O
535	8	Goodwood	H	Machine Operator	3	H	H
536	8	Parow	B	Machine Operator	3	H	O
537	6	Cape Town	I	Machine Operator	3	H	H
538	8	Cape Town	I	Quality Control	2	H	O
539	6	Bellville	A	Cargo Loader	3	H	O
540	8	Bellville	A	Driver	3	H	O
541	7	Kuilsriver	A	Machine Operator	3	H	H
542	4	Brackenfell	A	Machine Operator	3	H	H
543	12	Johannesburg	I	Teacher	2	H	O
544	5	Wellington	I	Loader	3	H	H
545	5	Brackenfell	A	Maintainance	2	F	O
546	3	Rawsonville	I	Packer	2	H	H
547	8	Maitland	I	Cargo Loader	3	H	O
548	9	Wellington	I	Machine Operator	3	H	H
549	10	Port Elizabeth	I	Goods Assessor	2	H	O
550	5	Kuilsriver	A	Sorter	3	H	H
551	4	Uitsig	E	Machine Operator	3	F	H
552	5	Ceres	I	Machine Operator	3	H	H
553	8	Kuilsriver	A	Driver	3	F	O
554	10	Johannesburg	I	Goods Assessor	2	H	O
555	8	Cape Town	I	Loader	3	H	H
556	5	Kensington	H	Machine Operator	3	H	H
557	9	Moorreesburg	I	Clerk	2	H	O
558	8	Elsies River	H	Councillor	2	H	O
559	8	Uitsig	E	Machine Operator	3	H	H
560	8	Darling	I	Clerk	2	F	O
561	8	Bellville	A	Data Capturer	2	H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
562	M	1958	1974	44	16	2	4	400	Y	Dentist	Y	Y
563	M	1961	1974	41	13	1	4	400	Y	Dentist	Y	Y
564	M	1961	1974	41	13	2	4	400	Y	Dentist	Y	Y
565	M	1962	1974	40	12	2	4	400	Y	Dentist	Y	Y
566	M	1956	1975	46	19	2	4	400	Y	Dentist	Y	Y
567	M	1957	1975	45	18	2	4	400	Y	Dentist	Y	Y
568	M	1959	1975	43	16	2	4	400	Y	Dentist	Y	Y
569	M	1960	1975	42	15	1	4	400	Y	Dentist	Y	Y
570	M	1953	1976	49	23	3	4	400	Y	Dentist	Y	Y
571	M	1957	1976	45	19	2	4	400	Y	Dentist	Y	Y
572	M	1957	1976	45	19	2	4	400	Y	Dentist	Y	Y
573	M	1959	1976	43	17	2	4	400	Y	Dentist	Y	Y
574	M	1961	1976	41	15	2	4	400	Y	Dentist	Y	Y
575	M	1961	1976	41	15	2	4	400	Y	Dentist	Y	Y
576	M	1962	1976	40	14	2	4	400	Y	Dentist	Y	Y
577	M	1962	1976	40	14	2	4	400	Y	Dentist	Y	Y
578	M	1962	1976	40	14	2	4	400	Y	Dentist	Y	Y
579	M	1950	1977	52	27	4	4	400	Y	Dentist	Y	Y
580	M	1954	1977	48	23	3	4	400	Y	Dentist	Y	Y
581	M	1959	1977	43	18	2	4	4	Y	Dentist	Y	Y
582	M	1961	1977	41	16	2	4	400	Y	Dentist	Y	Y
583	M	1962	1977	40	15	2	4	400	Y	Dentist	Y	Y
584	M	1963	1977	39	14	2	4	400	Y	Dentist	Y	Y
585	M	1959	1978	43	19	2	4	400	Y	Dentist	Y	Y
586	M	1962	1978	40	16	2	4	400	Y	Dentist	Y	Y
587	M	1962	1978	40	16	2	4	400	Y	Dentist	Y	Y
588	M	1962	1978	40	16	2	4	400	Y	Dentist	Y	Y
589	M	1963	1978	39	15	2	4	400	Y	Dentist	Y	Y
590	M	1960	1979	42	19	2	4	400	Y	Dentist	Y	Y
591	M	1961	1979	41	18	1	2	200	Y	Dentist	Y	Y
592	M	1962	1979	40	17	2	4	400	Y	Dentist	Y	Y
593	M	1963	1979	39	16	2	4	400	Y	Dentist	Y	Y
594	M	1964	1979	38	15	2	4	400	Y	Dentist	Y	Y
595	M	1964	1979	38	15	2	4	400	Y	Dentist	Y	Y
596	M	1966	1979	36	13	1	4	400	Y	Dentist	Y	Y
597	M	1966	1979	36	13	1	4	400	Y	Dentist	Y	Y
598	M	1961	1980	41	19	2	4	400	Y	Dentist	Y	Y
599	M	1963	1980	39	17	2	4	400	Y	Dentist	Y	Y
600	M	1964	1980	38	16	2	4	400	Y	Dentist	Y	Y
601	M	1964	1980	38	16	2	4	400	Y	Dentist	Y	Y
602	M	1964	1980	38	16	2	4	400	Y	Dentist	Y	Y
603	M	1964	1980	38	16	2	4	400	Y	Dentist	Y	Y
604	M	1965	1980	37	15	2	4	400	N	Dentist	Y	Y
605	M	1964	1981	38	17	2	4	400	Y	Dentist	Y	Y
606	M	1965	1981	37	16	2	4	400	Y	Dentist	Y	Y
607	M	1967	1981	35	14	2	4	400	Y	Dentist	Y	Y
608	M	1968	1981	34	13	3	4	400	Y	Dentist	Y	Y
609	M	1968	1981	34	13	2	4	400	Y	Dentist	Y	Y
610	M	1957	1982	45	25	2	4	400	Y	Dentist	Y	Y
611	M	1966	1982	36	16	2	4	400	Y	Dentist	Y	Y
612	M	1967	1982	35	15	2	4	400	Y	Dentist	Y	Y

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
562	10	Port Elizabeth	I	Welder	2	H	O
563	8	Bonteheuwel	G	Blockman	3	F	O
564	10	Durban	I	Welder	2	H	O
565	8	Elsies River	H	Machine Operator	3	H	O
566	8	Robertson	I	Machine Operator	3	H	O
567	7	Cape Town	I	Loader	3	H	H
568	8	Kensington	H	Plumber	2	H	O
569	8	Maitland	I	Mechanic	2	H	O
570	8	Parow	B	Machine Operator	3	H	H
571	6	Cape Town	I	Loader	3	H	H
572	8	Elsies River	H	Welder	2	H	O
573	10	Bellville	A	Traffic Officer	2	H	O
574	10	Hermanus	I	Bookkeeper	2	H	O
575	10	Bellville	A	Data Capturer	2	H	O
576	11	Bonteheuwel	G	Mechanic	2	H	O
577	8	Cape Town	I	Security	3	H	O
578	8	Maitland	I	Shipping Admin.	2	H	O
579	8	Vredendal	I	Machine Operator	3	H	O
580	7	Robertson	I	Machine Operator	3	F	O
581	10	Kuilsriver	A	Security	2	H	O
582	9	Parow	B	Driver	3	H	O
583	8	Cape Town	I	Security	3	H	H
584	9	Oudshoorn	I	Clerk	2	H	O
585	7	Elsies River	H	Packer	3	H	H
586	9	Montagu	I	Clerk	2	F	O
587	8	Brackenfell	A	Machine Operator	3	H	O
588	8	Cape Town	I	Machine Operator	3	H	O
589	10	Pretoria	I	Goods Assessor	2	H	O
590	5	Uitsig	E	Sorter	3	H	H
591	7	Cape Town	I	Blockman	3	H	O
592	7	Bonteheuwel	G	Machine Operator	3	F	H
593	6	Parow	B	Machine Operator	3	F	H
594	7	Elsies River	H	Machine Operator	3	H	H
595	10	Maitland	I	Posting Clerk	2	H	O
596	10	Brackenfell	A	Loader	3	F	H
597	8	Elsies River	H	Packer	3	H	O
598	10	Parow	B	Policeman	2	H	O
599	6	Bellville	A	Machine Operator	3	F	H
600	8	Uitsig	E	Blockman	3	H	H
601	10	Uitsig	E	Debtor's Clerk	2	F	O
602	8	Uitsig	E	Machine Operator	3	F	H
603	8	George	I	Quality Control	2	H	O
604	10	Athlone	I	Fitter & Turner	2	H	O
605	10	Kuilsriver	A	Machine Operator	3	H	O
606	10	Brackenfell	A	Salesman	2	F	H
607	8	Kuilsriver	A	Quality Control	2	H	O
608	8	Kensington	H	Blockman	3	H	O
609	8	Elsies River	H	Clerk	2	H	O
610	8	Kuilsriver	A	Machine Operator	3	H	O
611	10	Queenstown	I	Factory Foreman	2	H	O
612	10	Cape Town	I	Creditor's Clerk	2	H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
613	M	1967	1982	35	15	3	4	400	Y	Dentist	Y	Y
614	M	1969	1982	33	13	2	4	400	Y	Dentist	Y	Y
615	M	1969	1982	33	13	2	4	400	Y	Dentist	Y	Y
616	M	1964	1983	38	19	2	4	400	Y	Dentist	Y	Y
617	M	1964	1983	38	19	2	4	400	Y	Dentist	Y	Y
618	M	1965	1983	37	18	3	4	400	Y	Dentist	Y	Y
619	M	1966	1983	36	17	2	4	400	Y	Dentist	Y	Y
620	M	1968	1983	34	15	2	4	400	Y	Dentist	Y	Y
621	M	1969	1983	33	14	1	4	400	Y	Dentist	Y	N
622	M	1970	1983	32	13	2	4	400	Y	Dentist	Y	Y
623	M	1970	1983	32	13	2	4	400	Y	Dentist	Y	Y
624	M	1970	1983	32	13	2	4	400	Y	Dentist	Y	Y
625	M	1970	1983	32	13	2	4	400	Y	Dentist	Y	Y
626	M	1968	1984	34	16	2	4	400	Y	Dentist	Y	Y
627	M	1969	1984	33	15	2	4	400	Y	Dentist	Y	Y
628	M	1970	1984	32	14	2	4	400	Y	Dentist	Y	Y
629	M	1971	1984	31	13	2	2	200	Y	Dentist	Y	Y
630	M	1972	1984	30	12	2	4	400	Y	Dentist	Y	Y
631	M	1970	1985	32	15	2	4	400	Y	Dentist	Y	Y
632	M	1968	1986	34	18	2	4	400	Y	Dentist	Y	Y
633	M	1968	1986	34	18	2	4	400	Y	Dentist	Y	Y
634	M	1970	1986	32	16	2	4	400	Y	Dentist	Y	Y
635	M	1970	1986	32	16	2	4	400	Y	Dentist	Y	Y
636	M	1968	1987	34	19	3	4	400	Y	Dentist	Y	Y
637	M	1969	1987	33	18	2	4	400	Y	Dentist	Y	Y
638	M	1973	1987	29	14	2	4	400	Y	Dentist	Y	Y
639	M	1974	1987	28	13	2	4	400	Y	Dentist	Y	Y
640	M	1973	1988	29	15	1	4	400	Y	Dentist	Y	Y
641	M	1973	1988	29	15	2	4	400	Y	Dentist	Y	Y
642	M	1973	1989	29	16	3	4	400	Y	Dentist	Y	Y
643	M	1974	1989	28	15	2	4	400	Y	Dentist	Y	Y
644	M	1975	1989	27	14	2	4	400	Y	Dentist	Y	Y
645	M	1968	1990	34	22	3	4	400	Y	Dentist	Y	Y
646	M	1973	1990	29	17	2	4	400	Y	Dentist	Y	Y
647	M	1973	1990	29	17	2	4	400	Y	Dentist	Y	Y
648	M	1974	1990	28	16	2	4	400	Y	Dentist	Y	Y
649	M	1975	1990	27	15	2	4	400	Y	Dentist	Y	Y
650	M	1975	1991	27	16	2	4	400	Y	Dentist	Y	Y
651	M	1973	1992	29	19	2	4	400	Y	Dentist	Y	Y
652	M	1976	1992	26	16	4	4	400	Y	Dentist	Y	Y
653	M	1976	1992	26	16	5	4	400	Y	Dentist	N	Y
654	M	1976	1992	26	16	2	4	400	Y	Dentist	Y	Y
655	M	1977	1992	25	15	2	4	400	Y	Dentist	Y	Y
656	M	1978	1992	24	14	2	4	400	Y	Dentist	Y	Y
657	M	1980	1992	22	12	2	2	200	Y	Dentist	Y	Y
658	M	1977	1993	25	16	2	4	400	Y	Dentist	Y	Y
659	M	1977	1993	25	16	2	4	400	Y	Dentist	Y	Y
660	M	1981	1993	21	12	2	4	400	Y	Dentist	Y	Y
661	M	1981	1993	21	12	1	4	400	Y	Dentist	Y	N
662	M	1980	1994	22	14	2	4	400	Y	Dentist	Y	Y
663	M	1981	1994	21	13	2	4	400	Y	Dentist	Y	N

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
613	10	Bellville	A	Driver	2	H	O
614	10	Bellville	A	Mechanic	2	H	O
615	12	Brackenfell	A	Teacher	2	H	O
616	10	Parow	B	Data Capturer	2	H	O
617	8	Kensington	H	Machine Operator	3	H	O
618	10	Ravensmead	D	Machine Operator	3	H	O
619	10	Bellville	A	Shipping Admin.	2	H	H
620	10	Kuilsriver	A	Salesman	2	H	O
621	10	Kensington	H	Shipping Admin.	2	H	O
622	8	Bonteheuwel	G	Carpenter	2	H	O
623	10	Belhar	C	Creditor's Clerk	2	H	O
624	7	Umtata	I	Mechanic	3	H	H
625	10	Goodwood	H	Salesman	2	H	O
626	7	Uitsig	E	Mechanic	3	H	H
627	10	Kuilsriver	A	Debtor's Clerk	2	H	O
628	10	Bellville	A	Electrician	2	H	O
629	7	Michells Plain	I	Security	3	F	H
630	10	Wellington	I	Maintainance	2	H	O
631	12	Cape Town	I	Teacher	2	H	O
632	10	Parow	B	Bookkeeper	2	H	O
633	10	Bellville	A	Dispatcher	2	H	O
634	10	Parow	B	Data Capturer	2	H	O
635	10	Belhar	C	Maintainance	2	H	O
636	10	Belhar	C	Bookkeeper	2	H	O
637	10	Kraaifontein	A	Security	2	H	O
638	8	Michells Plain	I	Fitter & Turner	2	H	O
639	8	Mannenberg	G	Clerk	2	F	O
640	8	Elsies River	H	Cargo Loader	3	H	O
641	10	Parow	B	Dispatcher	2	H	O
642	8	Bellville	A	Clerk	2	H	O
643	9	Parow	B	Driver	3	F	O
644	12	Ceres	I	Bookkeeper	1	H	O
645	9	Maitland	I	Butcher	2	H	O
646	10	Parow	B	Debtor's Clerk	2	H	O
647	12	East London	I	Teacher	2	H	O
648	10	Parow	B	Technician	2	H	O
649	9	Uitsig	E	Maintainance	2	H	O
650	12	Parow	B	Technician	2	H	O
651	8	Parow	B	Driver	3	H	O
652	8	Ravensmead	D	Carpenter	2	H	O
653	10	Parow	B	Clerk	2	H	O
654	12	George	I	Teacher	2	H	O
655	10	Athlone	I	Plumber	2	H	O
656	9	Langa	I	Mechanic	2	H	O
657	6	Heideveld	G	Cleaner	3	H	H
658	12	Kraaifontein	A	Accounting Clerk	2	H	O
659	10	Johannesburg	I	Admin. Clerk	2	H	O
660	9	Montana	G	Scholar		H	O
661	9	Valhala Park	G	Scholar		H	H
662	8	Parow	B	Security	3	H	H
663	9	Nooitgedacht	F	Scholar		H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
664	M	1982	1994	20	12	4	4	4	Y	Town doct	Y	N
665	M	1982	1994	20	12	1	4	400	Y	Dentist	Y	N
666	M	1982	1994	20	12	3	4	400	Y	Dentist	Y	Y
667	M	1982	1994	20	12	2	4	400	Y	Dentist	Y	N
668	M	1982	1994	20	12	1	4	400	Y	Dentist	Y	Y
669	M	1982	1994	20	12	1	4	400	Y	Dentist	Y	N
670	M	1973	1995	29	22	2	4	400	Y	Dentist	Y	Y
671	M	1982	1995	20	13	3	4	400	Y	Dentist	Y	Y
672	M	1982	1995	20	13	2	4	400	Y	Dentist	Y	Y
673	M	1982	1995	20	13	1	4	400	Y	Dentist	Y	Y
674	M	1982	1995	20	13	1	4	400	Y	Dentist	Y	Y
675	M	1983	1995	19	12	2	4	400	Y	Dentist	Y	Y
676	M	1983	1995	19	12	1	4	400	Y	Dentist	Y	Y
677	M	1983	1995	19	12	2	4	400	Y	Dentist	Y	Y
678	M	1984	1995	18	11	4	4	4	Y	Town doct	Y	N
679	M	1985	1995	17	10	4	4	4	Y	Doctor	Y	N
680	M	1946	1996	56	50	4	4	400	Y	Dentist	Y	Y
681	M	1976	1996	26	20	2	4	400	Y	Dentist	Y	Y
682	M	1981	1996	21	15	1	4	400	Y	Dentist	Y	Y
683	M	1982	1996	20	14	1	4	400	Y	Dentist	Y	N
684	M	1982	1996	20	14	1	4	400	Y	Dentist	Y	N
685	M	1982	1996	20	14	2	4	400	Y	Dentist	Y	Y
686	M	1983	1996	19	13	2	4	400	Y	Dentist	Y	Y
687	M	1983	1996	19	13	1	4	400	Y	Dentist	Y	Y
688	M	1983	1996	19	13	1	4	400	Y	Dentist	Y	Y
689	M	1983	1996	19	13	1	4	400	Y	Dentist	Y	N
690	M	1984	1996	18	12	4	6	402	N	Dentist	N	N
691	M	1984	1996	18	12	2	4	400	Y	Dentist	Y	N
692	M	1984	1996	18	12	4	4	400	Y	Dentist	Y	Y
693	M	1984	1996	18	12	4	4	400	Y	Dentist	Y	Y
694	M	1984	1996	18	12	2	4	400	Y	Dentist	Y	Y
695	M	1984	1996	18	12	1	4	400	Y	Dentist	Y	Y
696	M	1984	1996	18	12	3	4	400	Y	Dentist	Y	N
697	M	1984	1996	18	12	2	4	400	Y	Dentist	Y	Y
698	M	1984	1996	18	12	1	4	400	Y	Dentist	Y	Y
699	M	1984	1996	18	12	3	4	400	Y	Dentist	Y	N
700	M	1984	1996	18	12	3	4	400	Y	Dentist	Y	N
701	M	1985	1996	17	11	1	4	400	Y	Dentist	Y	Y
702	M	1974	1997	28	23	3	4	400	Y	Dentist	Y	Y
703	M	1982	1997	20	15	3	4	400	Y	Dentist	Y	N
704	M	1983	1997	19	14	3	4	400	Y	Dentist	Y	Y
705	M	1983	1997	19	14	3	4	400	Y	Dentist	Y	Y
706	M	1983	1997	19	14	2	4	400	Y	Dentist	Y	N
707	M	1983	1997	19	14	2	4	400	Y	Dentist	Y	N
708	M	1984	1997	18	13	2	4	400	Y	Dentist	Y	Y
709	M	1984	1997	18	13	4	2	200	Y	Dentist	Y	Y
710	M	1984	1997	18	13	2	4	400	Y	Dentist	Y	Y
711	M	1984	1997	18	13	2	4	400	Y	Dentist	Y	Y
712	M	1984	1997	18	13	2	4	400	Y	Dentist	Y	N
713	M	1984	1997	18	13	2	4	400	Y	Dentist	Y	Y
714	M	1984	1997	18	13	2	4	400	Y	Dentist	Y	Y

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
664	4	Upington	I	Carpenter	2	H	O
665	8	Bellville	A	Scholar		H	O
666	8	Elsies River	H	Scholar		F	H
667	9	Mannenberg	G	Scholar		H	O
668	9	Mannenberg	G	Scholar		F	H
669	8	Valhala Park	G	Scholar		H	O
670	12	Goodwood	H	Admin. Supervisor	1	H	O
671	9	Valhala Park	G	Scholar		F	H
672	9	Valhala Park	G	Scholar		H	O
673	9	Valhala Park	G	Scholar		F	H
674	9	Valhala Park	G	Scholar		F	H
675	9	Elsies River	H	Scholar		F	O
676	8	Nooitgedacht	F	Scholar		F	H
677	9	Valhala Park	G	Scholar		H	O
678	8	Cape Town	I	Scholar		F	H
679	7	Bellville	A	Scholar		H	H
680	9	Parow	B	Foreman	2	H	O
681	10	Parow	B	Dispatcher	2	H	O
682	9	Mannenberg	G	Scholar		H	H
683	8	Bishop Lavis	F	Scholar		H	O
684	9	Mannenberg	G	Scholar		H	O
685	8	Mosselbaai	I	Scholar		H	O
686	9	Elsies River	H	Scholar		H	O
687	9	Elsies River	H	Scholar		H	H
688	8	Elsies River	H	Scholar		H	H
689	8	Montana	G	Scholar		H	O
690	7	Bellville	A	Scholar		H	O
691	8	Bellville	A	Scholar		H	O
692	9	Bonteheuwel	G	Scholar		F	H
693	9	Bonteheuwel	G	Scholar		F	H
694	8	Bonteheuwel	G	Scholar		H	O
695	8	Delft	J	Scholar		H	H
696	9	Elsies River	H	Scholar		F	H
697	7	Elsies River	H	Scholar		H	O
698	8	Heideveld	G	Scholar		H	H
699	9	Valhala Park	G	Scholar		H	H
700	8	Valhala Park	G	Scholar		H	H
701	7	Delft	J	Scholar		H	H
702	10	Cape Town	I	Debtor's Clerk	2	H	O
703	8	Bonteheuwel	G	Scholar		F	H
704	8	Belhar	C	Scholar		H	O
705	8	Belhar	C	Scholar		H	O
706	8	Elsies River	H	Scholar		F	O
707	8	Elsies River	H	Scholar		F	O
708	9	Bonteheuwel	G	Scholar		F	O
709	7	Elsies River	H	Scholar		F	H
710	7	Elsies River	H	Scholar		F	O
711	7	Johannesburg	I	Scholar		H	O
712	9	Montana	G	Scholar		F	O
713	8	Uitsig	E	Scholar		F	O
714	7	Uitsig	E	Scholar		H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
715	M	1984	1997	18	13	3	4	400	Y	Dentist	Y	N
716	M	1985	1997	17	12	1	4	400	Y	Dentist	Y	Y
717	M	1985	1997	17	12	2	4	400	Y	Dentist	N	Y
718	M	1985	1997	17	12	2	4	400	Y	Dentist	Y	N
719	M	1985	1997	17	12	2	4	400	Y	Dentist	Y	Y
720	M	1985	1997	17	12	2	4	400	Y	Dentist	Y	N
721	M	1985	1997	17	12	1	4	400	Y	Dentist	Y	N
722	M	1985	1997	17	12	1	4	400	Y	Dentist	Y	Y
723	M	1985	1997	17	12	2	4	400	Y	Dentist	Y	N
724	M	1985	1997	17	12	2	4	400	Y	Dentist	Y	N
725	M	1985	1997	17	12	2	4	400	Y	Dentist	Y	Y
726	M	1985	1997	17	12	2	4	400	Y	Dentist	Y	N
727	M	1985	1997	17	12	2	4	400	Y	Dentist	Y	Y
728	M	1985	1997	17	12	2	4	400	Y	Dentist	Y	Y
729	M	1985	1997	17	12	1	4	400	Y	Dentist	Y	N
730	M	1985	1997	17	12	1	4	400	Y	Dentist	Y	Y
731	M	1985	1997	17	12	1	4	400	Y	Dentist	Y	Y
732	M	1986	1997	16	11	2	4	400	Y	Dentist	Y	Y
733	M	1976	1998	26	22	2	4	400	Y	Dentist	Y	Y
734	M	1982	1998	20	16	1	4	400	Y	Dentist	Y	Y
735	M	1983	1998	19	15	2	4	400	Y	Dentist	Y	N
736	M	1983	1998	19	15	2	4	400	Y	Dentist	Y	N
737	M	1983	1998	19	15	2	4	400	Y	Dentist	Y	N
738	M	1983	1998	19	15	1	4	400	Y	Dentist	Y	Y
739	M	1983	1998	19	15	2	4	400	Y	Dentist	N	N
740	M	1983	1998	19	15	3	4	400	Y	Dentist	Y	N
741	M	1984	1998	18	14	1	4	400	Y	Dentist	Y	Y
742	M	1984	1998	18	14	2	4	400	Y	Dentist	Y	N
743	M	1984	1998	18	14	2	4	400	Y	Dentist	N	N
744	M	1984	1998	18	14	2	4	400	Y	Dentist	N	Y
745	M	1984	1998	18	14	2	4	400	Y	Dentist	Y	N
746	M	1984	1998	18	14	2	4	400	Y	Dentist	Y	N
747	M	1984	1998	18	14	2	4	400	Y	Dentist	Y	Y
748	M	1984	1998	18	14	3	4	400	Y	Dentist	Y	N
749	M	1985	1998	17	13	3	4	400	Y	Dentist	Y	Y
750	M	1985	1998	17	13	3	4	400	Y	Dentist	Y	Y
751	M	1985	1998	17	13	2	4	400	Y	Dentist	Y	Y
752	M	1985	1998	17	13	1	4	400	Y	Dentist	Y	N
753	M	1985	1998	17	13	1	4	400	Y	Dentist	Y	Y
754	M	1985	1998	17	13	3	4	400	Y	Dentist	Y	Y
755	M	1985	1998	17	13	3	4	400	Y	Dentist	Y	Y
756	M	1985	1998	17	13	2	4	400	Y	Dentist	Y	Y
757	M	1985	1998	17	13	3	4	400	Y	Dentist	Y	N
758	M	1985	1998	17	13	2	4	400	Y	Dentist	Y	N
759	M	1985	1998	17	13	2	4	400	Y	Dentist	Y	N
760	M	1985	1998	17	13	1	4	400	Y	Dentist	Y	N
761	M	1985	1998	17	13	1	4	400	Y	Dentist	Y	Y
762	M	1985	1998	17	13	1	4	400	Y	Dentist	Y	N
763	M	1985	1998	17	13	1	4	400	Y	Dentist	Y	Y
764	M	1985	1998	17	13	2	4	400	Y	Dentist	Y	N
765	M	1985	1998	17	13	2	4	400	Y	Dentist	Y	N

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
715	9	Valhala Park	G	Scholar		F	H
716	7	Bishop Lavis	F	Scholar		H	O
717	8	Elsies River	H	Scholar		H	H
718	7	Elsies River	H	Scholar		H	O
719	7	Elsies River	H	Scholar		H	O
720	8	Montana	G	Scholar		H	O
721	8	Montana	G	Scholar		F	H
722	9	Montana	G	Scholar		H	H
723	7	Parow	B	Scholar		H	O
724	7	Uitsig	E	Scholar		H	O
725	7	Uitsig	E	Scholar		F	O
726	8	Valhala Park	G	Scholar		H	O
727	9	Valhala Park	G	Scholar		H	O
728	9	Valhala Park	G	Scholar		H	O
729	8	Valhala Park	G	Scholar		H	O
730	8	Valhala Park	G	Scholar		F	H
731	8	Valhala Park	G	Scholar		H	H
732	7	Bellville	A	Scholar		H	O
733	8	Umfuleni	I	Security	3	H	H
734	9	Nooitgedacht	F	Scholar		H	O
735	8	Elsies River	H	Scholar		H	O
736	9	Montana	G	Scholar		H	O
737	8	Nooitgedacht	F	Scholar		H	H
738	8	Nooitgedacht	F	Scholar		H	H
739	8	Uitsig	E	Scholar		F	H
740	9	Valhala Park	G	Scholar		F	H
741	7	Bishop Lavis	F	Scholar		H	O
742	8	Delft	J	Scholar		H	O
743	7	Elsies River	H	Scholar		H	O
744	8	Elsies River	H	Scholar		H	H
745	8	Elsies River	H	Scholar		H	O
746	8	Elsies River	H	Scholar		F	O
747	7	Elsies River	H	Scholar		H	O
748	7	Valhala Park	G	Scholar		H	H
749	9	Belhar	C	Scholar		H	O
750	7	Belhar	C	Scholar		H	O
751	8	Belhar	C	Scholar		F	O
752	8	Bishop Lavis	F	Scholar		H	O
753	8	Bishop Lavis	F	Scholar		H	O
754	9	Bonteheuwel	G	Scholar		F	H
755	9	Bonteheuwel	G	Scholar		F	H
756	7	Delft	J	Scholar		H	O
757	7	Elsies River	H	Scholar		F	H
758	7	Elsies River	H	Scholar		H	O
759	7	Nooitgedacht	F	Scholar		H	O
760	7	Nooitgedacht	F	Scholar		H	O
761	7	Ravensmead	D	Scholar		H	H
762	7	Uitsig	E	Scholar		H	O
763	7	Uitsig	E	Scholar		H	H
764	7	Valhala Park	G	Scholar		H	O
765	7	Valhala Park	G	Scholar		H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
766	M	1985	1998	17	13	2	4	400	Y	Dentist	Y	Y
767	M	1985	1998	17	13	2	4	400	Y	Dentist	Y	Y
768	M	1985	1998	17	13	1	4	400	Y	Dentist	Y	Y
769	M	1985	1998	17	13	1	4	400	Y	Dentist	Y	Y
770	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
771	M	1986	1998	16	12	1	4	400	Y	Dentist	Y	Y
772	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	Y
773	M	1986	1998	16	12	3	4	400	Y	Dentist	N	Y
774	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
775	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
776	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
777	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
778	M	1986	1998	16	12	1	4	400	Y	Dentist	Y	Y
779	M	1986	1998	16	12	3	4	400	Y	Dentist	Y	N
780	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
781	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
782	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
783	M	1986	1998	16	12	1	4	400	Y	Dentist	Y	Y
784	M	1986	1998	16	12	1	4	400	Y	Dentist	Y	Y
785	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
786	M	1986	1998	16	12	3	4	400	Y	Dentist	Y	N
787	M	1986	1998	16	12	1	4	400	Y	Dentist	Y	Y
788	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
789	M	1986	1998	16	12	1	4	400	Y	Dentist	Y	N
790	M	1986	1998	16	12	2	4	400	Y	Dentist	Y	N
791	M	1986	1998	16	12	1	4	400	Y	Dentist	Y	N
792	M	1986	1998	16	12	1	4	400	Y	Dentist	Y	Y
793	M	1983	1999	19	16	3	4	400	Y	Dentist	Y	Y
794	M	1984	1999	18	15	2	4	400	Y	Dentist	Y	N
795	M	1984	1999	18	15	1	4	400	Y	Dentist	Y	Y
796	M	1985	1999	17	14	4	4	4	Y	Town doct	Y	Y
797	M	1985	1999	17	14	2	4	400	Y	Dentist	Y	Y
798	M	1985	1999	17	14	2	4	400	Y	Dentist	Y	Y
799	M	1985	1999	17	14	1	4	400	Y	Dentist	Y	Y
800	M	1985	1999	17	14	2	4	400	Y	Dentist	Y	Y
801	M	1985	1999	17	14	2	4	400	Y	Dentist	Y	Y
802	M	1985	1999	17	14	2	4	400	Y	Dentist	Y	Y
803	M	1985	1999	17	14	3	4	400	Y	Dentist	Y	N
804	M	1985	1999	17	14	2	4	400	Y	Dentist	Y	Y
805	M	1985	1999	17	14	1	4	400	Y	Dentist	Y	N
806	M	1985	1999	17	14	2	4	400	Y	Dentist	Y	Y
807	M	1985	1999	17	14	2	4	400	Y	Dentist	Y	N
808	M	1985	1999	17	14	2	4	400	Y	Dentist	Y	N
809	M	1985	1999	17	14	2	4	400	Y	Dentist	Y	N
810	M	1985	1999	17	14	1	4	400	Y	Dentist	Y	N
811	M	1985	1999	17	14	1	4	400	Y	Dentist	Y	Y
812	M	1986	1999	16	13	4	4	400	N	Dentist	N	Y
813	M	1986	1999	16	13	1	4	400	Y	Dentist	Y	Y
814	M	1986	1999	16	13	1	4	400	Y	Dentist	Y	Y
815	M	1986	1999	16	13	2	4	400	Y	Dentist	Y	N
816	M	1986	1999	16	13	2	4	400	Y	Dentist	Y	N

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
766	8	Valhala Park	G	Scholar		H	O
767	8	Valhala Park	G	Scholar		H	O
768	9	Valhala Park	G	Scholar		F	H
769	8	Valhala Park	G	Scholar		F	H
770	7	Bellville	A	Scholar		F	O
771		Bishop Lavis	F	Scholar		H	O
772	7	Cape Town	I	Scholar		F	O
773	7	Delft	J	Scholar		H	O
774	7	Delft	J	Scholar		H	O
775	7	Delft	J	Scholar		H	O
776	7	Delft	J	Scholar		H	O
777	7	Delft	J	Scholar		F	O
778	7	Delft	J	Scholar		F	H
779	7	Elsies River	H	Scholar		H	H
780	7	Elsies River	H	Scholar		H	O
781	7	Elsies River	H	Scholar		H	O
782	7	Elsies River	H	Scholar		H	O
783	7	Elsies River	H	Scholar		H	O
784	7	Matroosfontein	H	Scholar		H	O
785	8	Montana	G	Scholar		H	O
786	8	Nooitgedacht	F	Scholar		H	O
787	7	Nooitgedacht	F	Scholar		H	O
788	7	Ravensmead	D	Scholar		F	O
789	7	Ravensmead	D	Scholar		F	H
790	7	Valhala Park	G	Scholar		H	O
791	9	Valhala Park	G	Scholar		F	H
792	7	Valhala Park	G	Scholar		F	H
793	8	Montana	G	Scholar		H	O
794	8	Kalksteenfontein	I	Scholar		H	H
795	9	Mannenberg	G	Scholar		H	H
796	8	Bellville	A	Scholar		H	O
797	8	Bellville	A	Scholar		H	O
798	7	Bishop Lavis	F	Scholar		H	O
799	7	Bishop Lavis	F	Scholar		H	O
800	8	Bonteheuwel	G	Scholar		F	O
801	8	Bonteheuwel	G	Scholar		F	O
802	7	Delft	J	Scholar		H	O
803	7	Elsies River	H	Scholar		H	H
804	7	Elsies River	H	Scholar		F	O
805	8	Nooitgedacht	F	Scholar		H	O
806	7	Uitsig	E	Scholar		H	O
807	8	Valhala Park	G	Scholar		H	O
808	8	Valhala Park	G	Scholar		H	O
809	9	Valhala Park	G	Scholar		H	O
810	8	Valhala Park	G	Scholar		H	O
811	8	Valhala Park	G	Scholar		H	O
812	8	Belhar	C	Scholar		H	H
813	7	Bishop Lavis	F	Scholar		H	O
814	7	Bishop Lavis	F	Scholar		H	H
815	7	Elsies River	H	Scholar		H	O
816	7	Elsies River	H	Scholar		H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
817	M	1986	1999	16	13	2	4	400	Y	Dentist	Y	N
818	M	1986	1999	16	13	1	4	400	Y	Dentist	Y	Y
819	M	1986	1999	16	13	3	4	400	Y	Dentist	Y	N
820	M	1986	1999	16	13	4	4	4	Y	Town doct	Y	N
821	M	1986	1999	16	13	2	4	400	Y	Dentist	Y	N
822	M	1987	1999	15	12	1	4	400	Y	Dentist	Y	Y
823	M	1987	1999	15	12	1	4	400	Y	Dentist	Y	Y
824	M	1985	2000	47	15	4	2	200	Y	Dentist	Y	Y
825	M	1983	2000	19	17	3	4	400	Y	Dentist	Y	N
826	M	1983	2000	19	17	2	4	400	Y	Dentist	Y	N
827	M	1983	2000	19	17	2	4	400	Y	Dentist	Y	N
828	M	1984	2000	18	16	3	4	400	Y	Dentist	Y	N
829	M	1984	2000	18	16	3	4	400	Y	Dentist	Y	N
830	M	1984	2000	18	16	2	4	400	Y	Dentist	Y	Y
831	M	1984	2000	18	16	2	4	400	Y	Dentist	Y	Y
832	M	1984	2000	18	16	2	4	400	Y	Dentist	Y	N
833	M	1984	2000	18	16	3	4	400	Y	Dentist	Y	N
834	M	1984	2000	18	16	2	2	200	Y	Dentist	Y	N
835	M	1984	2000	18	16	2	4	400	Y	Dentist	Y	N
836	M	1984	2000	18	16	2	4	400	Y	Dentist	Y	Y
837	M	1985	2000	17	15	2	4	400	Y	Dentist	Y	Y
838	M	1985	2000	17	15	1	4	400	Y	Dentist	Y	N
839	M	1985	2000	17	15	1	4	400	Y	Dentist	Y	N
840	M	1985	2000	17	15	3	4	400	Y	Dentist	Y	Y
841	M	1985	2000	17	15	3	4	400	Y	Dentist	Y	Y
842	M	1985	2000	17	15	2	4	400	Y	Dentist	Y	Y
843	M	1985	2000	17	15	2	4	400	Y	Dentist	Y	N
844	M	1985	2000	17	15	3	4	400	Y	Dentist	Y	N
845	M	1985	2000	17	15	2	4	400	Y	Dentist	Y	N
846	M	1985	2000	17	15	2	4	400	Y	Dentist	Y	N
847	M	1986	2000	16	14	2	4	400	Y	Dentist	Y	N
848	M	1986	2000	16	14	1	4	400	Y	Dentist	Y	Y
849	M	1986	2000	16	14	3	4	400	Y	Dentist	Y	Y
850	M	1981	2001	21	20	5	4	400	Y	Dentist	Y	Y
851	M	1983	2001	19	18	2	4	400	Y	Dentist	Y	N
852	M	1984	2001	18	17	3	4	400	Y	Dentist	Y	Y
853	M	1984	2001	18	17	3	4	400	Y	Dentist	Y	Y
854	M	1984	2001	18	17	2	4	400	Y	Dentist	N	Y
855	M	1984	2001	18	17	2	4	400	Y	Dentist	Y	Y
856	M	1984	2001	18	17	3	4	400	Y	Dentist	Y	N
857	M	1984	2001	18	17	2	4	400	Y	Dentist	Y	N
858	M	1984	2001	18	17	2	4	400	Y	Dentist	Y	Y
859	M	1984	2001	18	17	2	4	400	Y	Dentist	N	Y
860	M	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
861	M	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
862	M	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
863	M	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
864	M	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
865	M	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
866	M	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
867	M	1985	2001	17	16	4	4	400	Y	Dentist	Y	Y

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
817	7	Elsies River	H	Scholar		H	O
818	7	Elsies River	H	Scholar		H	H
819	8	Ravensmead	D	Scholar		F	H
820	7	Uitsig	E	Scholar		H	H
821	7	Valhala Park	G	Scholar		F	O
822	7	Elsies River	H	Scholar		H	O
823	7	Elsies River	H	Scholar		H	O
824	12	Oudshoorn	I	Teacher	2	H	O
825	8	Bellville	A	Scholar		H	O
826	8	Nooitgedacht	F	Scholar		H	H
827	8	Nooitgedacht	F	Scholar		H	O
828	7	Belhar	C	Scholar		H	O
829	8	Elsies River	H	Scholar		F	H
830	8	Elsies River	H	Scholar		H	O
831	7	Elsies River	H	Scholar		H	O
832	7	Phillipi	I	Scholar		H	O
833	9	Valhala Park	G	Scholar		F	H
834	9	Valhala Park	G	Scholar		F	H
835	9	Valhala Park	G	Scholar		H	H
836	9	Valhala Park	G	Scholar		H	O
837	7	Bishop Lavis	F	Scholar		H	O
838	7	Bishop Lavis	F	Scholar		H	O
839	7	Bishop Lavis	F	Scholar		H	O
840	8	Bonteheuwel	G	Scholar		F	H
841	8	Cape Town	I	Scholar		H	O
842	8	Cape Town	I	Scholar		H	O
843	7	Delft	J	Scholar		H	H
844	8	Elsies River	H	Scholar		F	H
845	7	Uitsig	E	Scholar		H	H
846	7	Valhala Park	G	Scholar		H	O
847	7	Elsies River	H	Scholar		F	O
848	7	Elsies River	H	Scholar		H	O
849	7	Ravensmead	D	Scholar		F	H
850	9	Nooitgedacht	F	Factory worker	3	H	H
851	8	Elsies River	H	Scholar		H	H
852	8	Atlantis	I	Scholar		H	O
853	7	Atlantis	I	Scholar		H	H
854	8	Belhar	C	Scholar		H	O
855	7	Bishop Lavis	F	Scholar		H	O
856	8	Elsies River	H	Scholar		F	H
857	8	Elsies River	H	Scholar		H	H
858	8	Elsies River	H	Scholar		H	O
859	8	Parow	B	Scholar		H	H
860	8	Belhar	C	Scholar		H	O
861	7	Bishop Lavis	F	Scholar		H	O
862	7	Bishop Lavis	F	Scholar		F	H
863	8	Bishop Lavis	F	Scholar		H	O
864	8	Bonteheuwel	G	Scholar		H	O
865	8	Bonteheuwel	G	Scholar		H	H
866	9	Montana	G	Scholar		H	O
867	8	Nooitgedacht	F	Scholar		H	O

Subject	Sex	YOB	YOM	AGE	AOE	Reason	ATE	Style	Healthy	Extracted	Family	Dentures
868	M	1985	2001	17	16	4	4	400	Y	Dentist	Y	Y
869	M	1985	2001	17	16	3	4	400	Y	Dentist	Y	N
870	M	1985	2001	17	16	3	4	400	Y	Dentist	Y	Y
871	M	1985	2001	17	16	2	4	400	Y	Dentist	Y	N
872	M	1985	2001	17	16	2	4	400	Y	Dentist	Y	N
873	M	1985	2001	17	16	2	4	400	Y	Dentist	Y	N
874	M	1986	2001	16	15	3	4	400	Y	Dentist	N	Y
875	M	1986	2001	16	15	3	4	400	Y	Dentist	Y	N
876	M	1986	2001	16	15	3	4	400	Y	Dentist	Y	Y
877	M	1986	2001	16	15	2	4	400	Y	Dentist	Y	N
878	M	1986	2001	16	15	4	4	400	Y	Dentist	Y	N
879	M	1986	2001	16	15	3	4	400	Y	Dentist	Y	N
880	M	1986	2001	16	15	3	4	400	Y	Dentist	Y	N
881	M	1986	2001	16	15	2	4	400	Y	Dentist	Y	N
882	M	1987	2001	15	14	1	4	400	Y	Dentist	Y	Y
883	M	1987	2001	15	14	2	4	400	Y	Dentist	Y	N
884	M	1985	2002	17	17	4	4	400	N	Dentist	Y	Y
885	M	1986	2002	16	16	3	4	400	N	Dentist	Y	Y
886	M	1986	2002	16	16	2	4	400	Y	Dentist	Y	N
887	M	1987	2002	15	15	1	4	400	Y	Dentist	Y	Y
888	M	1987	2002	15	15	2	4	400	Y	Dentist	Y	N

Subject	HAS	Born	R/Area	Occupation	Pay class	H / F	O / H
868	8	Parow	B	Scholar		H	O
869	8	Parow	B	Scholar		H	O
870	8	Parow	B	Scholar		H	O
871	7	Uitsig	E	Scholar		H	O
872	7	Uitsig	E	Scholar		H	O
873	9	Valhala Park	G	Scholar		F	H
874	7	Bellville	A	Scholar		H	O
875	7	Delft	J	Scholar		H	O
876	7	Elsies River	H	Scholar		H	H
877	7	Elsies River	H	Scholar		H	H
878	8	Goodwood	H	Scholar		H	O
879	7	Parow	B	Scholar		H	O
880	8	Ravensmead	D	Scholar		F	H
881	7	Uitsig	E	Scholar		H	H
882	7	Bellville	A	Scholar		H	O
883	7	Uitsig	E	Scholar		H	O
884	7	Bellville	A	Scholar		H	O
885	7	Delft	J	Scholar		H	H
886	7	Delft	J	Scholar		H	O
887	7	Bishop Lavis	F	Scholar		H	H
888	7	Uitsig	E	Scholar		H	H