

**COMPANY  
MORNING REPORT**

**RESTRICTED**

ENDING  
2400

30

Jan

1945

(DAY)

(MONTH)

(YEAR)

STATION **Enroute to Sibbe Holland**

ORGANIZATION **Btry A**

**127 FA Bn**

**FA**

(CO. DET. ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER

NAME

GRADE

CODE

**No Change**

**RECORD OF EVENTS**

**Spent night at St Mihiel  
France**

| OFFICER<br>STRENGTH                 | PLD O A CAPT    |        | 1ST LT            |                        | 2ND LT |      | 3RD LT                |      | F T O |      |
|-------------------------------------|-----------------|--------|-------------------|------------------------|--------|------|-----------------------|------|-------|------|
|                                     | PRES            | ASST   | PRES              | ASST                   | PRES   | ASST | PRES                  | ASST | PRES  | ASST |
| ASSIGNED                            | 1               |        | 3                 |                        |        |      |                       |      |       |      |
| ATTACHED                            |                 |        |                   |                        |        |      |                       |      |       |      |
| UNASSIGNED                          |                 |        |                   |                        |        |      |                       |      |       |      |
| ATTACHED FR<br>OTHER ORGN           |                 |        |                   |                        |        |      |                       |      |       |      |
| TOTAL                               | 1               |        | 3                 |                        |        |      |                       |      |       |      |
| AVN CADET<br>& ENLISTED<br>STRENGTH | AVIATION CADETS |        | ENLISTED MEN      |                        |        |      |                       |      |       |      |
|                                     | PRESENT         | ABSENT | PRESENT<br>& DUTY | PRESENT<br>NOT P. & D. | ABSENT |      | PRESENT<br>AND ABSENT |      |       |      |
| ASSIGNED                            |                 |        | 101               |                        |        |      | 101                   |      |       |      |
| ATTACHED                            |                 |        |                   |                        |        |      |                       |      |       |      |
| UNASSIGNED                          |                 |        |                   |                        |        |      |                       |      |       |      |
| ATTACHED FR<br>OTHER ORGN           |                 |        |                   |                        |        |      |                       |      |       |      |
| TOTAL                               |                 |        | 101               |                        |        |      | 101                   |      |       |      |

|                                 |     |                                                                  |                                             |         |
|---------------------------------|-----|------------------------------------------------------------------|---------------------------------------------|---------|
| R<br>A<br>T<br>I<br>O<br>N<br>S | I   | ESTIMATED NUMBER OF / DAY OF WEEK<br>RATIONS REQUIRED FOR / DATE |                                             | N M EN  |
|                                 | II  | MESS ATTENDANCE FOR DAY OF THIS REPORT                           |                                             | AVERAGE |
|                                 | III | BREAKFAST DINNER SUPPER                                          |                                             |         |
|                                 |     | MEN AUTHORIZED TO<br>MESS SEPARATELY                             | MEN ATTEND FOR RATION<br>& OTHERS<br>NEEDED |         |
|                                 |     | MEN ATTCHD TO OTHER<br>ORGN FOR RATIONS                          | NET                                         |         |
|                                 |     | MEN<br>PRESENT                                                   | LESS                                        | PLLS    |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND  
THAT RATION FIGURES IN PART II CORRESPOND TO ACTUAL  
CONSUMPTION REPORTED TO ME.

SIGNATURE

*Paul V Campbell*

PAUL V CAMPBELL MSG USA ASST ADJ