COMPANY MORNING REPORT RESTRICTED

13 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 1 KM E Husson T6301 Lambert Zone 1

ORGANIZATION Co B (CO. DET. ETC.) 137 Inf Regt (PRIMARY UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED AVRANCHES-FOUGERES		
	SHEET 6G		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1		1		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		1		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			137		6	143
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			137		6	143

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 143 DINNER 143 SUPPER 143 — TOTAL 429 ÷ 3 AVERAGE 143

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 4 — MEN PRESENT 137 LESS 1 NET 136 PLUS 7 TOTAL 143

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS, PROVIDED IN PART 2 REPRESENT AN ACTUAL [illegible]

SIGNATURE CARYL H. OSKEA 1 Lt Inf (GRADE) (ARM OR SERVICE)

[illegible]