

COMPANY ~~RESTRICTED~~ MORNING REPORT

ENDING 2400 16 Aug 194 4
(DAY) (MONTH) (YEAR)

STATION Orleans W6340 Nord de Guerre Zone

ORGANIZATION Co C 137 Inf Regt Inf
(CO, DET, ETC.) (ARMED UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
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No Change

RECORD OF EVENTS

MAP USED CHATEAUDUN BEAUCENCY

SHEET 9 H

OFFICER STRENGTH	PLD O & CAPT		1ST LT		2D LT		Y.O		FLT G	
	PRES	ASST	PRES	ASST	PRES	ASST	PRES	ASST	PRES	ASST
ASSIGNED			<u>3</u>		<u>1</u>					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL			<u>3</u>		<u>1</u>					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	ABSENT	PRESENT AND ABSENT	
ASSIGNED			<u>154</u>		<u>154</u>	
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			<u>154</u>		<u>154</u>	

R A T I O N S	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	DATE	NUMBER	
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT			TOTAL	AVERAGE
		BREAKFAST <u>160</u>	DINNER <u>160</u>	SUPPER <u>160</u>	<u>480</u>	<u>160</u>
	III	MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS	<u>3</u>	O & OTHERS MESSED	<u>4</u>
		MEN ATCHD TO OTHER ORGN FOR RATIONS	<u>1</u>	NET	<u>153</u>	TOTAL
		MEN PRESENT	<u>154</u>	LESS	<u>1</u>	PLUS
					<u>7</u>	<u>160</u>

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT ALL FIGURES IN PART II DEPART FROM THE GENERAL COURSE OF REPORTS TO ME:

CARYL H. OSKEA 1 Lt Inf

SIGNATURE

W.D. A.G.O. FORM NO. 1

(NAME)

(GRADE) (ARM OR SERVICE)

MARCH 29, 1942

WD COPY THRU MRU OR SCU