COMPANY RESTRICTED

MORNING REPORT

ENDING 2400 12 (DATE) Oct (MONTH) 1944 (YEAR)

STATION Artillencourt 00021 Nord de Guerre Zone

ORGANIZATION Co D (OR TEST SITE) 1s7 Inf Reg. (CURRENT UNIT) Inf (TYPE OF REPORT)

SERIAL NUMBER	NAME	GRADE	CODE
35441842	Hampton, Everett	607 Cpl	
Fr Slightly Sk (Not in Action) To Dy			
37070897	West, Howard J	651 T SGT	
Fr Dy to Slightly Inj (Not in Action)			

RECORD OF EVENTS

MAP USED SAARBRUCKEN SHEET V 1

OFFICER STRENGTH	FIT G & CAPT PRES	FIT G & CAPT ABS'T	1ST LT PRES	1ST LT ABS'T	2D LT PRES	2D LT ABS'T	WO PRES	WO ABS'T	FIT G PRES	FIT G ABS'T
ASSIGNED	1		4		1					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		4		1					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN ABSENT	ENLISTED MEN TOTAL AND ASSIGNED
ASSIGNED			145		4	149
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			145		4	149

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR — DAY OF WEEK ____ DATE ____ — NUMBER ____

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 153 DINNER 153 SUPPER 153 — TOTAL 459 — AVERAGE 153

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 6 — MEN PRESENT 145 LESS 1 NET 144 PLUS 9 TOTAL 153

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART IS CORRESPONDING ACTUAL

CARYL H. OSKEA 1 Lt Inf

SIGNATURE

W.D., A.G.O. FORM NO. 1 (NAME) (GRADE) (ARM OR SERVICE)

MARCH 28, 1943

WD COPY THRU MRU OR SCU