COMPANY RESTRICTED
MORNING REPORT ENDING 2400 15 (DAY) Oct (MONTH) 194 4 (YEAR)

STATION Rhin de Bois Q0024 Nord de Guerre Zone

ORGANIZATION Co G (CO. BAT. ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED SAARBRUCKEN SHEET V 1		

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		3		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			189		4	193
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			189		4	193

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 197 DINNER 197 SUPPER 197 — TOTAL 591 ÷ 3 — AVERAGE 197

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 189 LESS 1 — NET 188 — PLUS 9 — TOTAL 197

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS DEPOSITED TO ME.

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

W.D., A.G.O. FORM NO. 1 MARCH 28, 1943 WD COPY THRU MRU OR SCU