COMPANY MORNING REPORT RESTRICTED

ENDING 2400 17 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION Orleans W6336 Nord de Guerre Zone

ORGANIZATION Co H (CO. DET. ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED CHATEAUDUN BEAUGENCY		
	SHEET 9 H		

OFFICER STRENGTH	FLG 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		2		5					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		5					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			150			150
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			150			150

RATIONS

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

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 160 DINNER 160 SUPPER 160 — TOTAL 480 ÷ 3 — AVERAGE 160

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 8 — MEN PRESENT 150 LESS 1 — NET 149 — PLUS 11 — TOTAL 160

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AS ACTUAL COUNT OF [illegible]

Caryl H. Ogden

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

U.S. A.G.O. FORM NO. [illegible] [illegible] NO COPY THAN [illegible]