COMPANY RESTRICTED
MORNING REPORT ENDING 2400 23 (DAY) Dec (MONTH) 194 4 (YEAR)

STATION Moulins Q8157 Nord de Guerre Zone

ORGANIZATION Hq Co 1 Bn 137 Inf Regt Inf
(CO. DET. ETC.) (PARENT UNIT) (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							
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		3							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			116		1	117
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			116		1	117

RATIONS

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

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

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____
MEN ATCHD TO OTHER ORGN FOR RATIONS ____ NET O & OTHERS MESSED ____ TOTAL
MEN PRESENT LESS PLUS

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

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

W.D., A.G.O. FORM NO. 1 MARCH 20, 1942

WE COPY THRU MDU OR RCU