

**COMPANY RESTRICTED**  
**MORNING REPORT** ENDING 23 AUG 1944  
2400 (DATE) (MONTH) (YEAR)

STATION Orleans W6641 Nord de Guerre Zone  
 ORGANIZATION Co L 137 Inf Regt Inf  
(CO, DET, ETC.) (ARENT UNIT) (NO OF SERVICE)

SERIAL NUMBER NAME GRADE CODE

No Change

**RECORD OF EVENTS**

MAP USED ORLEANS SHEET 10 H/3

OFFICER STRENGTH	FILED & CAPT		1ST LT		2D LT		VO		FLT O	
	PRESEN	ABSENT	PRESEN	ABSENT	PRESEN	ABSENT	PRESEN	ABSENT	PRESEN	ABSENT
ASSIGNED	1		1		3					
EXEMPTED										
UNASSIGNED										
ATTACHED FR OTHER ORGN										
<b>TOTAL</b>	<b>1</b>		<b>1</b>		<b>3</b>					

ARMY CADET & ENLISTED STRENGTH	AVIATION CADETT		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT
ASSIGNED			152			152
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			<b>152</b>			<b>152</b>

<b>R</b>	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK DATE	NUMBER
<b>T</b>	MESS ATTENDANCE FOR DAY OF THIS REPORT		
<b>I</b>	BREAKFAST 159	DINNER 159	SUPPER 159
<b>O</b>	MEN AUTHORIZED TO MESS SEPARATELY		3
<b>N</b>	MEN ATCHD TO OTHER ORGN FOR RATIONS 1	RET	5
<b>S</b>	MEN PRESENT 152	LESS 1	PLUS 151
			<b>TOTAL 159</b>

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT NUMBER PROVIDED IS THAT I AM AWARE OF.

*Caryl H. Osiken*  
 CARYL H. OSIKEN 1 Lt Inf