

**COMPANY REGISTERED
MORNING REPORT**

DATE **24** Oct 194**4**
(DAY) (MONTH) (YEAR)

STATION **Alincourt 09823 Nord de Guelte Zone**
ORGANIZATION **Med Det 137 Inf Regt MD**
(COMP. UNIT OR BATT.) (PARADE UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
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No Change

RECORD OF EVENTS

MAP USED SAARBRUCKEN SHEET V 1

ALL BE ATCHD TO OTHER ORGN'S FOR RATIONS

OFFICER STRENGTH	PLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRESENT	ABST	PRESENT	ABST	PRESENT	ABST	PRESENT	ABST	PRESENT	ABST
ASSIGNED	8				2					
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN										
TOTAL	8				2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PERCENT PRESENT AND ABSENT
ASSIGNED			123		3	126
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			123		3	126

R A T I O N S	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
		DATE	
T E S T	MESS ATTENDANCE FOR DAY OF THIS REPORT	BREAKFAST	TOTAL
		DINNER	
G O V E R N M E N T	MEN AUTHORIZED TO MESS SEPARATELY	SUPPER	AVERAGE
M E N S	MEN ATCHD TO OTHER ORGN FOR RATIONS	123	NET
S E P A R A T E L Y	MEN ATCHD FOR RATIONS & OTHERS MESSED	123	TOTAL
	LESS	123	
	PLUS		

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THE RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT.

CARL H. OSKRA 1 Lt INF

SIGNATURE (ARM OR SERVICE)