COMPANY RESTRICTED

MORNING REPORT

ENDING 2400 26 (DAY) Oct (MONTH) 194 4 (YEAR)

STATION Alincourt Q9823 Nord de Guerre Zone

ORGANIZATION Med Det (NO. CO. ETC.) 13½ Inf Regt (PRESENT UNIT) MD (ARM OR SERVICE)

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

ALL EM ATCHD TO OTHER ORGN'S FOR RATIONS

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	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 DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			122		4	126
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			122		4	126

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 122 — NET 0 — O & OTHERS MESSED ____ — TOTAL 0 MEN PRESENT 122 LESS 122 PLUS		

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

Caryl H. Oskea

CARYL H. OSKEA 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

[illegible] COPY THIRD MINUTE [illegible]