COMPANY [redacted]
MORNING REPORT ENDING DATE 11 (DAY) Aug (MONTH) 194 4 (YEAR)

STATION 2 EX S La Gile Roulierie T6403 Lambert Zone 1

ORGANIZATION Med Det (CO. SET. ORG.) 137 Inf Regt (PARENT UNIT) Med (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED AVRANCHES-FOUGERES		
	SHEET 6G		

ALL EN ATCHD TO OTHER ORGNS FOR RATS

OFFICER STRENGTH	1 LT & CAPT PRES	1 LT & CAPT ABS'T	1ST LT PRES	1ST LT ABS'T	2D LT PRES	2D LT ABS'T	WO PRES	WO ABS'T	FLT O PRES	FLT O ABS'T
ASSIGNED	✓									
ATTACHED										
UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	✓									

ARM CADET & ENLISTED STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR RATS	ENLISTED MEN PRESENT ABS FOR RATS	ENLISTED MEN ABSENT	ENLISTED MEN PRESENT ABS ABS'T
ASSIGNED			115		3	118
ATTACHED						
UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			115		3	118

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 115 ABT 0 O & OTHERS MESSED ____ TOTAL
MEN PRESENT 115 LESS 115 PLUS 0

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART IF REPRESENT AN ACTUAL COUNT OR ESTIMATE OF RATIONS

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

W.D., A.G.O. FORM NO. [illegible]
[illegible]

[illegible]