COMPANY RESTRICTED

MORNING REPORT

ENDING 2400 3 (DAY) Sept (MONTH) 194 4 (YEAR)

STATION Brienne le Chateau Y6181 Nord de Guerre Zone

ORGANIZATION Med Det (CO, DET, ETC.) 137 Inf Regt (PARENT UNIT) Md (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	Lr Change		
	RECORD OF EVENTS		
	LAP-USED Bar-LE-DUC-WASSY		
	SEPT 13 4		

ALL EM ATCHD TO OTHR ORGNS FOR RATS

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
SSIGNED	9				1					
TTACHED NASSIGNED										
TTACHED FR THER ORGN										
TOTAL	9				1					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
SSIGNED			131		2	133
TTACHED NASSIGNED						
TTACHED FR THER ORGN						
TOTAL			131		2	133

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

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL — 4 / 3 — AVERAGE

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 131 — MEN PRESENT 131 LESS 131 NET 0 — O & OTHERS MESSED ____ PLUS ____ TOTAL 0

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

SIGNATURE Caryl H. Osker CARYL H. OSKER 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

A.G.O. FORM NO. 1 MARCH 25, 1942

NO COPY THRU MAIL OR RCD