COMPANY RESTRICTED
MORNING REPORT ENDING 2400 22 (DAY) Jan (MONTH) 194 5 (YEAR)

STATION Mets 08559 Nord de Guerre Zone
ORGANIZATION Serv Co (NO. SET. ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

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

OFFICER STRENGTH	FLD O & CAPT PRES	FLD O & 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	4	1	7				4			
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	4	1	7				4			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN PRESENT NOT FOR DT	ENLISTED MEN ABSENT	ENLISTED MEN PRESENT AND ABSENT
ASSIGNED			136		1	137
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			136		1	137

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 ____ O & OTHERS MESSED ____ MEN PRESENT ____ LESS NET PLUS TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PERSON REPRESENT AN ACTUAL COUNT AS REQUIRED TO BE

Caryl H Oskea

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

E.S., A.G.O. FORM NO. 1
MARCH 29, 1943

NO COPY THRU NRU OR SCU