

# COMPANY RESTRICTED MORNING REPORT

ISSUES  
PAGE

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AUG

1944

YEAR

STATION Laveriere + at NE 5447 Lambert Zone 1

ORGANIZATION Co C 110 Med Bn

(CO, 1ST, 2ND, 3RD)

(FACILITY, UNIT)

(ARM OR SERVICE)

SERIAL NUMBER

NAME

GRADE CODE

12878942 Sciraldi, Frank (MT)

By to slightly sick, dropped from assignment. By 157

REMARKS (P. 17442)

Moved collecting station + at NE 5447  
hierarchies and moved by motor to + at NE  
Laveriere, collecting station established.  
Map used Northern Sur Plus sheet + 1

| OFFICER<br>STRENGTH | PLD C & CAPT |      | 1ST LT |      | 2ND LT |      | WO   |      | PLT 1 |      |
|---------------------|--------------|------|--------|------|--------|------|------|------|-------|------|
|                     | PRES         | ABST | PRES   | ABST | PRES   | ABST | PRES | ABST | PRES  | ABST |
| ASSIGNED            | 2            |      | 1      |      | 1      |      |      |      |       |      |
| ATTACHED            |              |      |        |      |        |      |      |      |       |      |
| UNASSIGNED          |              |      |        |      |        |      |      |      |       |      |
| ATTACHED FB         |              |      |        |      |        |      |      |      |       |      |
| OTHER ORSN          |              |      |        |      |        |      |      |      |       |      |
| TOTAL               | 2            |      | 1      |      | 1      |      |      |      |       |      |

| AVN CAGET<br>& ENLISTED<br>STRENGTH | AVIATION CAGETS |      | ENLISTED MEN |      |      |      |
|-------------------------------------|-----------------|------|--------------|------|------|------|
|                                     | PRES            | ABST | PRES         | ABST | PRES | ABST |
| ASSIGNED                            |                 |      | 12           |      | 12   |      |
| ATTACHED                            |                 |      |              |      |      |      |
| UNASSIGNED                          |                 |      |              |      |      |      |
| ATTACHED FB                         |                 |      |              |      |      |      |
| OTHER ORSN                          |                 |      |              |      |      |      |
| TOTAL                               |                 |      | 12           |      | 12   |      |

|   |                                       |                        |        |
|---|---------------------------------------|------------------------|--------|
| 2 | ESTIMATED NUMBER OF                   | DAY OF WEEK            | NUMBER |
| 4 | ENTIONS REQUIRED FOR                  | DATE                   |        |
| 7 | WSS ATTENDANCE FOR DAY OF THIS REPORT |                        |        |
| 1 | BREAKFAST                             | DINNER                 | SUPPER |
| 3 | WSS AUTHORIZED TO                     |                        |        |
| 4 | WSS ATTCHD TO OTHER                   | WSS ATTCHD FOR RATIONS |        |
| 1 | WSS PRESENT                           | LESS                   | PLUS   |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND  
THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE

EDWARD

110 MED BN

110 MED BN

110 MED BN

110 MED BN

110 MED BN