

COMPANY **RESTRICTED**  
MORNING REPORT

ENDING 2400 **19 Sep** 194**4**

STATION **Nancy 1000 yds E 88-11 Lambert**  
ORGANIZATION **Btry C 127 FA Bn FA**

SERIAL NUMBER NAME GRADE CODE

**No Change**  
**RECORD OF EVENTS**  
**Map used Nancy Mirecourt Sheet**  
**14 G General support of 134**  
**Inf OT**

| FIELD STRENGTH           | PLD & CANT | UT IT  | 2R LT            | V.O                  | PLT II |
|--------------------------|------------|--------|------------------|----------------------|--------|
| PRESENT                  | 1          | 3      |                  |                      |        |
| ABSENT                   |            |        |                  |                      |        |
| ATTACHED                 |            |        |                  |                      |        |
| UNATTACHED               |            |        |                  |                      |        |
| ATTACHED FROM OTHER ORGN |            |        |                  |                      |        |
| TOTAL                    | 1          | 3      |                  |                      |        |
| AVIATION CADETS          | PRESENT    | ABSENT | PRESENT FOR DUTY | PRESENT NOT FOR DUTY | ABSENT |
| PRESENT                  |            |        | 96               |                      |        |
| ABSENT                   |            |        |                  |                      |        |
| ATTACHED                 |            |        |                  |                      |        |
| UNATTACHED               |            |        |                  |                      |        |
| ATTACHED FROM OTHER ORGN |            |        |                  |                      |        |
| TOTAL                    |            |        | 96               |                      | 96     |

R 1 ESTIMATED NUMBER OF 1 DAY OF WEEK

A 1 RATIONS REQUIRED FOR 1 DATE

T 11 MESS ATTENDANCE FOR DAY OF THIS REPORT

I 1 BREAKFAST 99 DINNER 99 SUPPER 99

O 1 MEN AUTHORIZED TO MESS SEPARATELY

N 11 MEN ATTCHD TO OTHER ORGN FOR RATIONS 1

S 1 MEN PRESENT 96 LESS 1

NET 95

O & OTHERS MESSED 4

PLUS 4

TOTAL 99

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS PROVIDED OR PART IS REPRESENTING AN ACTUAL

SIGNATURE *[Signature]*  
NAME **V CAMPBELL** NO. **1010 USA** ASST. **TRJ**