COMPANY RECORD
MORNING REPORT

STATION Hospital (GM) Fort de Casta Zone
ORGANIZATION Co A 127 Inf Regt Inf

GRADE NAME

ROBERTS, Thomas, Jr. 1 Lt Inf
MOS 0A, MP 060 from X
AUSTIN, Darrell, Lloyd Pfc
MOS 745, WD AGO from X
Assd & Jnd fr HD Co 1st Bn 127 Inf Regt
WD per AO 22 Par 1 Sp M 1st Infantry
ADAMS, Thomas, David T Pvt
MOS 745, WD AGO from X
Jnd fr Hdqtrs 1st Bn 127 Inf Regt
WD per AO 22 Par 1 Sp M 1st Infantry
BROOKS, Edward, Lloyd Pvt
MOS 745 WD AGO from X
Jnd fr HD Co 1st Bn 127 Inf Regt
WD per AO 22 Par 1 Sp M 1st Infantry
BROWN, Edward, Lloyd Pvt
MOS 745 WD AGO from X
Jnd fr Hdqtrs 1st Bn 127 Inf Regt
WD per AO 22 Par 1 Sp M 1st Infantry

RECORD OF EVENTS

NAME AND ORGANIZATION OF PERSONNEL

OFFICER STRENGTH	PRESENT	ABSENT	ATTACHED	ASSIGNED
ASSIGNED	3	3		
ATTACHED FROM OTHER ORGS				
ATTACHED TO OTHER ORGS	6	2		

ENLISTED STRENGTH	PRESENT	ABSENT	ATTACHED	ASSIGNED
ASSIGNED	114	3	117	
ATTACHED FROM OTHER ORGS				
ATTACHED TO OTHER ORGS	114	3	117	

RATIONS (B) — DAY OF WEEK ____ DATE ____ ADDED
NUMBER TO BE PAID FOR DAY OF THIS REPORT TOTAL AVERAGE
BREAKFAST 121 DINNER 121 SUPPER 122 238 119
MEN ATCHD FOR RATIONS ONLY 0
NUMBER TO BE DEDUCTED TO MESS SERGEANTS ____
MEN ATCHD TO OTHER ORGS FOR RATIONS 1
O & ENLISTED MESSED 6
NET 113
PLUS 6
TOTAL 119
NO PRESENT 114 ATCH 1

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT ENTRIES MADE IN PART II HEREOF ARE TRUE.

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

W.D., A.G.O. Form No. 1
PARAGRAPH 34a

NO COMMUNICATIONS OR USE