COMPANY RESTRICTED
MORNING REPORT ENDING 2400 16 (DAY) Sept (MONTH) 194 4 (YEAR)

STATION Varangeville 19405 Nord de Guerre Zone
ORGANIZATION Hq Co 1 Bn (CO. DET. ETC.) 137 Inf Regt (PATENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	[illegible]		
	RECORD OF EVENTS		
	MAP USED [illegible]		
	SHEET 15 G		

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
ASSIGNED	1		2		2					
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1		2		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			108		1	109
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			108		1	109

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST 145 DINNER 145 SUPPER 145 — TOTAL 435 ÷ 3 — AVERAGE 145

III — MEN AUTHORIZED TO MESS SEPARATELY ___ MEN ATCHD FOR RATIONS 29
MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 9
MEN PRESENT 108 LESS 1 — NET 107 — PLUS 38 — TOTAL 145

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL [illegible]

SIGNATURE CARYL H. OSKER 1 Lt Inf
U.S. A.R.C. FORM NO. 1 (NAME) (GRADE) (ARM OR SERVICE)