

COMPANY **RESTRICTED**
 MORNING REPORT ENDING **20** **Aug** **1951**
(DAY) (MONTH) (YEAR)

STATION **1 M E Lameau W5964 Nord de Guerre Zone**
 ORGANIZATION **Hq Co 2 Bn 137 Inf Regt Inf**
(CO. DET. ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			
RECORD OF EVENTS			
MAP USED ORDERS SHEET 9 H/2			

R.O.

OFFICER STRENGTH	PLD O & CAPT		1ST LT		2D LT		WO		PLD O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
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 DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			111			111
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			111			111

REPORT	I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK _____	NUMBER _____
			DATE _____	
	II	MESS ATTENDANCE FOR DAY OF THIS REPORT		
		BREAKFAST 152 DINNER 152 SUPPER 152	TOTAL 456	AVERAGE 152
MARKS	III	MEN AUTHORIZED TO MESS SEPARATELY _____	MEN ATCHD FOR RATIONS 29	
		MEN ATCHD TO OTHER ORGN FOR RATIONS 1	NET O & OTHERS MESSD 13	TOTAL 152
		MEN PRESENT 111 LESS 1	110	PLUS 42

PAGE **1** OF **1** PAGES
 I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES ARE PART OF REPORT AS ACTUAL COUNT OF MEN
 SIGNATURE *Caryl H. Oska*
CARYL H. OSKA 1 Lt Inf
(NAME) (GRADE) (ARM OR SERVICE)
 D.S., G.S.O. FORM NO. 1 (REV. 1-54) (NO. 23) (NO. COPY WHEN MADE OR FOR)