COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 19 (DAY) July (MONTH) 194 4 (YEAR)

STATION 1 Km SW La Creterie T4766 Lambert Zone 1

ORGANIZATION Hq Co 3 Bn (CO. DEV. ETC.) 137 Inf Regt (PARENT UNIT) Inf (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		
	RECORD OF EVENTS		
	MAP USED ST LO SHEET 6F/2		

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

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			115			115
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			115			115

RATIONS

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

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST 125 DINNER 125 SUPPER 125 — TOTAL 375 ÷ 3 — AVERAGE 125

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS 3 — MEN ATCHD TO OTHER ORGN FOR RATIONS 1 — O & OTHERS MESSED 8 — MEN PRESENT 115 LESS 1 — NET 114 PLUS 11 — TOTAL 125

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS PERMITTED TO ME.

SIGNATURE CARIL H. OSKEA 1 Lt Inf

(NAME) (GRADE) (ARM OR SERVICE)

W.P., A.G.O. FORM NO. 1 MARCH 25, 1942 — ND COPY THRU MRU OR SCU