

**COMPANY RESTRICTED  
MORNING REPORT**

ENDING 2400 28 July 1944 4  
(DATE) (MONTH)

STATION 1 Km NE St Lo T5164 Lambert Zone 1  
ORGANIZATION Hq Co 3 Bn 137 Inf Regt Inf  
(CO, BTRY, ETC.) (PARENT UNIT) (ARM OR SERVICE)

| SERIAL NUMBER | NAME | GRADE | CODE |
|---------------|------|-------|------|
|---------------|------|-------|------|

No Change

**RECORD OF EVENTS**

MAP USED ST LO SHEET 6E/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      |       | 3     |       |      |       |       |       |
| ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN |              |       |        |       |       |       |      |       |       |       |
| TOTAL                                      | 1            |       | 1      |       | 3     |       |      |       |       |       |

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

|  |     |  |                       |            |         |
|--|-----|--|-----------------------|------------|---------|
| R<br>A<br>T<br>I<br>O<br>N<br>S                          | I   | ESTIMATED NUMBER OF RATIONS REQUIRED FOR | DAY OF WEEK           | NUMBER     |         |
|  |     |  | DATE                  |            |         |
| T<br>I<br>M<br>E   | II  | MESS ATTENDANCE FOR DAY OF THIS REPORT   |                       | TOTAL      | AVERAGE |
|  |     | BREAKFAST 126                            | DINNER 126            | SUPPER 126 | 378     |
| O<br>R<br>G<br>A<br>N<br>I<br>Z<br>A<br>T<br>I<br>O<br>N | III | MEN AUTHORIZED TO MESS SEPARATELY        | MEN ATCHD FOR RATIONS | 3          |         |
|  |     | MEN ATCHD TO OTHER ORGN FOR RATIONS      | NET                   | 9          | TOTAL   |
| S<br>T<br>R<br>E<br>N<br>G<br>T<br>H                     |     | MEN PRESENT                              | LESS                  | PLUS       | TOTAL   |
|  |     | 115                                      | 1                     | 114        | 126     |

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

*Caryl H. Oskea*  
SIGNATURE CARYL H. OSKEA 1 Lt Inf  
(NAME) (GRADE) (ARM OR SERVICE)