

**COMPANY RESTRICTED**  
**MORNING REPORT**

ENDING 2400 **17** **Sept** 194**4**  
 (DAY) (MONTH) (YEAR)

STATION **Art Bn North Vietnam War de Guerra Zone**  
 ORGANIZATION **Hq Co 1st Inf Regt Inf**  
(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
16062439	Langry, L. D.	1st Lt	Pas
1-747826	Kay, D. J.	1st Lt	Pas

**Above 2 IN Below to PVT**

**RECORD OF EVENTS**

**MAP USED LUNVILLE EPINAL**

**SHEET 15 0**

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	2		2				1			
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN										
<b>TOTAL</b>	<b>2</b>		<b>2</b>				<b>1</b>			

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			92			92
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			<b>92</b>			<b>92</b>

RATIONS	i	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
	ii	MESS ATTENDANCE FOR DAY OF THIS REPORT	DATE	
	iii	BREAKFAST 152 DINNER 152 SUPPER 152		TOTAL 456 AVERAGE 152
MENS		MEN AUTHORIZED TO MESS SEPARATELY	MEN ATCHD FOR RATIONS 64	
		MEN ATCHD TO OTHER ORGN FOR RATIONS 1	NET 61	TOTAL 152
		MEN PRESENT 92	LESS 1	91
			PLUS 61	152

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THE RATION FIGURES THEREIN REPRESENT THE ACTUAL RATIONS REPORTED TO ME

*Caryl H. Oskea*

SIGNATURE **CARYL H. OSKEA 1st Lt Inf**