

**COMPANY RESTRICTED**  
**MORNING REPORT** ENDING 2400 5 Aug 1944 4  
(DAY) (MONTH) (YEAR)

STATION 1 1st SW Base 15638 Lombert Zone 1  
 ORGANIZATION Med Det 137 Inf Regt 1st  
(CO, BATT, ETC.) (PRESENT UNIT) (AREA OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
38036749	Ligon, William G	673	S Sgt
Fr Slightly Sk (Not in Action) to Troop 673 d fr Asgt			

**RECORD OF EVENTS**

MAP USED VLM 5817 6E/6

**ALL MEN ASSIGNED TO OTHER ORGNS FOR RATIONS**

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLY O	
	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST	PRES	ABST
ASSIGNED	9									
ATTACHED										
UNASSIGNED										
ATTACHED FR OTHER ORGN										
<b>TOTAL</b>	<b>9</b>									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DT	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			113		2	115
ATTACHED						
UNASSIGNED						
ATTACHED FR OTHER ORGN						
<b>TOTAL</b>			<b>113</b>		<b>2</b>	<b>115</b>

**RATIONS**

**I** ESTIMATED NUMBER OF DAY OF WEEK \_\_\_\_\_ NUMBER \_\_\_\_\_  
 RATIONS REQUIRED FOR DATE \_\_\_\_\_

**II** MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	DINNER	SUPPER	TOTAL	AVERAGE
			3	

**III** MEN AUTHORIZED TO MESS SEPARATELY \_\_\_\_\_ MEN ATCHD FOR RATIONS \_\_\_\_\_  
 MEN ATCHD TO OTHER ORGN FOR RATIONS 113 NET 0 O & OTHERS MESSED \_\_\_\_\_ TOTAL \_\_\_\_\_

MEN PRESENT 113 LESS 113 0 PLUS 0

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT OF REPORTED MEN

SIGNATURE CARYL H. OSKEL 1 Lt Inf  
(NAME) (GRADE) (AREA OR SERVICE)