

STATION: WHEELER FIELD (980/352)

ORGANIZATION: 104 Cal 319th AW

SERIAL NUMBER	NAME	GRADE	CODE
319217	Waller, William H.	1st Lt	Pvt
3250286	Waller, John W.	1st Lt	Pvt
3769339	Waller, Raymond A.	1st Lt	Pvt
3192280	Waller, George R.	1st Lt	Pvt
37736088	Waller, Raymond A.	1st Lt	Pvt
37693319	Waller, George R.	1st Lt	Pvt
36864975	Waller, Clifford H.	1st Lt	Pvt
31975023	Waller, William A.	1st Lt	Pvt

OFFICER STRENGTH	FILED & CAPT		SER LT		WO		FLY O	
	PREG	ASST	PREG	ASST	PREG	ASST	PREG	ASST
ASSIGNED								
ATTACHED								
ATTACHED FOR OTHER ORGN								
TOTAL								

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ASSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ASSENT	RESERVE (SEE REPORT)
ASSIGNED						
ATTACHED						
ATTACHED FOR OTHER ORGN						
TOTAL						

R A T I O	ESTIMATED NUMBER OF MEALS REQUIRED FOR	DAY OF WEEK DATE	NUMBER	
			TOTAL	AVERAGE
MEALS	ATTENDANCE FOR RAT			
BREAKFAST	DINNER	SUPPER		
DEPT ATTENDANCE TO MEALS SUPERVISOR	DEPT ATTENDANCE TO OTHER ORGN FOR MEALS	DEPT ATTENDANCE FOR MEALS		
DEPT ATTENDANCE TO MEALS SUPERVISOR	DEPT ATTENDANCE TO OTHER ORGN FOR MEALS	DEPT ATTENDANCE FOR MEALS		
DEPT ATTENDANCE TO MEALS SUPERVISOR	DEPT ATTENDANCE TO OTHER ORGN FOR MEALS	DEPT ATTENDANCE FOR MEALS		

STATION SERRIGNON, FRANCE (0865292)
 ORGANIZATION 1st CG 21st TAV MD
(CD, SQ, SGT) (ENGINE ABN) (COMMUNICATION)

SERIAL NUMBER	NAME	GRADE	CODE
37694046	Nelson, Wayne H.	2nd Lt	AVN
39662005	Swain, Jack R.	2nd Lt	AVN
35827573	Schley, Alfred H.	2nd Lt	AVN

Above 11 AM used in Tr Co 1 305th med bn 80th U.S. Army per Par 3 SO/209 No 80th inf div dtd 31 Oct 44. MOS & 88N as indicated; RAN Walter.

OFFICER STRENGTH	FIELD & CAPT		1ST LT		2ND LT		WO		PLT 3	
	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT	PI	CAPT	PERO	ADJUT
ASSIGNED	6		2		2					
ATTACHED UNASSIGNED										
ATTACHED OR OTHER ORGN										
TOTAL	6		2		2					

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	ABSENT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			136	3	1	140
ATTACHED UNASSIGNED						
ATTACHED OR OTHER ORGN						
TOTAL			136	3	1	140

ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK	NUMBER
	DATE	
MESS ATTENDANCE FOR DAY OF THIS REPORT	TOTAL	AVERAGE
BREAKFAST	DINNER	SUPPER
MEM AUTHORIZED TO MESS SEPARATELY	MEM ATCHD PER RATIONS	
MEM ATCHD TO OTHER ORGN FOR RATIONS	MEM Q R OTHER MESSGR	TOTAL
MEM PRESENT	MEM	MEM
137	120	19

PAGE 2 OF 2 PAGES
 SIGNATURE [Signature] DATE NOV 1 1944
 TITLE 1st Lt
 (UNIT, GRADE, AND NAME)

COMPANY REPORTED MORNING REPORT

PHONE 2540 (241) DAY 110 (11) (YEAR) 1944

STATION Northwest, France (A-12)
 ORGANIZATION Head Unit 3100 Inf (UNIT) 100
(COMP. DIV. NO.) (PARADE CITY) (ACT OF SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
No Change			

OFFICER STRENGTH	1D O A C P Y		1N L T		2D L Y		W O		P Y O	
	PRE	ABST	PRE	ABST	PRE	ABST	PRE	ABST	PRE	ABST
ASSIGNED	6		2		2					
ATTACHED UNASSIGNED ATTACHED FR O. MEN ORCH										
TOTAL	6		2		2					

AVN CABET & ENLISTED STRENGTH	AVIATION CREWS		ENL. STRENGTH			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENTEE	PRESENT AND ABSENT
ASSIGNED			136	3	1	140
ATTACHED UNASSIGNED ATTACHED FR OTHER ORCH						
TOTAL			136	3	1	140

G	ESTIMATED NUMBER OF DAYS REQUIRED FOR	DAY OF WEEK	W. MEN
A	MESS ATTENDANCE FOR DAY OF THIS REPORT		
T			
I	ORCHARDY DINNER BUFFER		
O	MEN ATTACHED TO MESS SEPARATELY	0	0
N	MEN ATTACHED TO OTHER ORCH IN NATIONAL	120	0
S	MEN PRESENT	120	19

PAGE 1 OF 1 PAGES
 I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND
 THAT OTHER REPORTS IN PART IS UNRECORDED AS ACTUAL
 REPORT IS REPORTED TO ME.

SIGNATURE: [Signature] DATE: 11/11/44

MORNING REPORT

ORGANIZATION: **USMC** STATION OR LOCATION: **USMC** (065824)

NAME: **Wash, Robert A.** SERIAL NUMBER: **227224** GRADE: **10C** POST: **5**
 RE dy to sk (LD) 305in mad dir sta to dy as of **2**
Nov 44

NAME: **Wiercia, Anthony** SERIAL NUMBER: **220240** GRADE: **Pvt**
 RE dy to sk (LD) 305in mad dir sta to dy as of **2**
Nov 44

NAME: **Cardner, Wayne A.** SERIAL NUMBER: **211897** GRADE: **S/Sgt**
 RE dy to sk (LD) lost to hosp

CLASS	ASST	MGRS	TOTAL	AVG	DUES		DUES				
					FOR	FOR	BY	BY	BY	BY	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
NU	1		1		1						
CAF	5		5		5						
EC	2		2		2						
ST	2		2		2						
LT	2		2		2						
TOT	10		10		10						
ASST											
1501											
1502											
1503	1		1		1						
1504	2/9		2/9		2/9						
1505	1/12		1/12		1/12						
1506	3/25		3/25		3/25						
1507	30		30		29	1					
1508	56		56		53	2	1				
1509											
1510	6/12		6/12		6/12	3	1				

I CERTIFY THAT THIS MORNING REPORT IS CORRECT

SIGNATURE: *Robert A. Wash*

MORNING REPORT

DATE: 11/03/54

ORGANIZATION: **UNIT 10** STATION: **STATION 10**
 STATION OR LOCATION: **STATION 10**
 NAME: **UNIT 10** SERIAL NUMBER: **10**
 BY: **UNIT 10** DATE: **11/03/54**
 TIME: **10:00** TO: **11:00**
 COMMENTS: **Unit stayed in cty - food to house as of 3 Nov 54.**

UNIT	ASST	ATTEND	TOTAL	STAND	PROPERTY		ASSETS				TOTAL	
					FOR	BY	COOP	STG	ANGEL	INS		
UNIT 10	1		1		1							
UNIT 10	2		2		2							
UNIT 10	3		3		3							
UNIT 10	10		10		10							

DATE: 11/03/54
 I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT.
 SIGNATURE: *[Signature]*
 TITLE: *[Title]*
 PAGE 1 OF 1 PAGES

NOV 1951
 ORGANIZATION: 215th Inf (M) 1st Cav Div
 STATION OR LOCATION: Fort Monmouth, New Jersey
 NAME: [REDACTED]
 GRADE: Pvt
 CODE: 70011

Fr dy to sk (ID) 305th Med Ctr Sta as of
 3 Nov 44. Fr sk (ID) 305th Med Ctr Sta to
 lost to hamp NHC

CLASS	ADJLT	ADJUDG	TOTAL	ACCOMD	PRESENT		ABSENT					TOTAL
					FOR	NOT FOR	FD	SR	CONV	PAR	AWOL	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
CON												
CPL												
LT												
ENS												
MAJ	1		1		1							
CAPT	2		2		2							
1LT	2		2		2							
2ND LT	2		2		2							
SFC	10		10		10							
SGT												
PLT												
1ST SGT	1		1		1							
2ND SGT	2/9		2/9		2/9							
3RD SGT	1/12		1/12		1/11							
4TH SGT	3/25		3/25		1/23							
5TH SGT	29		29		29							
6TH SGT	56		56		53							
7TH SGT												
8TH SGT	16/132		16/132		16/120							

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT: PAGE 1 OF 1 PAGES
 SIGNATURE: [Signature]



MOVING REPORT

SECTION OF LOCATION **1000 1st St. N. S.W.**
 CITY **ALBUQUERQUE** STATE **N.M.** ZIP **87102**
 NAME **NO CHANGE**

(1)	STEN	HIGHD	TOTAL	APPRO	PRESENT				ABSENT			MISS
					FOR	BY	BY	BY	BY	BY	BY	
GEN												
MA	1		1		1							
WRT	5		5		5							
IT	2		2		2							
SH	2		2		2							
TOT	10		10		10							
YSA	1		1		1							
YSA	2/9		2/9		2/9							
YSA	1/12		1/12		1/11			1				
YSA	3/25		3/25		3/23							
YSA	32		32		29							
YSA	54		54		53							
YSA	6/23		6/23		6/23							

I CERTIFY THAT THE MOVING REPORT IS CORRECT: PAGE 1 OF 1 PAGES

WALTER L. LINDMANN
 (Signature)
 (Stamp)

NAME: ... SERIAL NUMBER: ... GRADE: ...

ROSTER, JOHNNY B. 37412187 PFC 724
 Aug 4 11 24 20th Regt Inf APO 312 U.S.
 ARMY MIA no indication.

ROSTER, JOHNNY B. 37412187 PFC 724
 Aug 4 11 24 20th Regt Inf APO 312 U.S.
 ARMY MIA no indication.

By Lt. Walter A. 3150000 Pfc
 Pr at (10) 305th Regt Inf APO 312 U.S.
 Lines, (1) David M. 1052573 Pfc 521
 Pr at to LMA at 305th Regt Inf APO

RECORD OF EVENTS
 Moved to Sacramento, returned to Monterey, Ca.
 1000. 1 BR LMA all casualties occurred in
 France

SERIAL	GRADE	UNASSIGNED	TOTAL	RECORD		PRESENT		ATTENDANCE		TOTAL	REMARKS
				ORDIN	DATE	DATE	DATE	DATE	DATE		
1			1								
5			5								
2			2								
2			2								
10			10								
1			1								
2/3			2/3								
1/12			1/12								
1/23			1/23								
23			23								
57			57								

DATE: 2/1/38
 I CERTIFY THAT THE RECORDING IS CORRECT
 SIGNATURE: ...

MEMORANDUM FOR THE RECORD

NO. 100

DATE: 11/15/50

TO: SAC, NEW YORK

FROM: SA, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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[Illegible]

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT. PAGE 1 OF 2 PAGES

SIGNATURE: _____

(PRINTED NAME)

(DATE OF REPORT)

U. S. G. O. FORM NO. 100 (REV. 1-25-50)

BOMBING REPORT

ORIGINATOR

STATION OR LOCATION

NAME

LEVINSON, LYON BOMBING, STATION 10 FILLER
 FRANCE 1322, 10 NOV 44

NO.	ANNO	ATCMP UNACCD	TOTAL	AVGDP PRESEN	PRESENT		ABSENT							
					PRESEN	ABSENT	Y D	D B	CP	ADMP	PREN	AVCA	PREN	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
REQ														
DIS														
CR														
PRE	1		1		1									
GRY	3		3		3									
MA	2		2		2									
LY	2		2		2									
TOT	10		10		10									
REQ														
DIS														
CR														
PRE	1		1		1									
GRY	2/8		2/8		2/8									
MA	1/12		1/12		1/12									
LY	3/25		3/25		3/25									
TOT	27		27		26									
REQ	33		33		50		3							

I CERTIFY THAT THIS BOMBING REPORT IS CORRECT

SIGNATURE: *William J. ...*

DATE: 11/12/44

PAGE 2 OF 2 PAGES

PERSONNEL REPORT

ORGANIZATION: *1st Air Force*
 BRANCH OR LOCATION: *Wagon*
 NAME: *Collins, Roy L.* GRADE: *Pvt*
Waller, Lawrence J. GRADE: *Pvt*
Malone, James J. GRADE: *Pvt*
Hindrich, Anthony J. GRADE: *Pvt*
 EX GR TO: *1st Lt (LD) 30th Regt US Army*
 EX GR TO: *1st Lt (LD) 30th Regt US Army*

Ca. 1944, 1st Lt (LD) 30th Regt US Army
 EX GR TO: *1st Lt (LD) 30th Regt US Army*
 EX GR TO: *1st Lt (LD) 30th Regt US Army*
 EX GR TO: *1st Lt (LD) 30th Regt US Army*
 EX GR TO: *1st Lt (LD) 30th Regt US Army*

RECORD OF ACHIEVEMENT

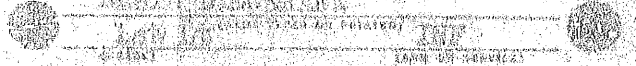
Advanced by *1st Lt*, *1st Lt*, *1st Lt*
 France 100%, 100%, 100%
 Campaigns recorded in France.

NO.	ASSG	ACTIONS	TOTAL	ACTIONS	PRESENT			AGENCY				REMARKS
					FOR	BY	DATE	NO.	BY	DATE	NO.	
1			1									
2			2									
3			3									
4			4									
5			5									
6			6									
7			7									
8			8									
9			9									
10			10									

DATE	NO.	BY	DATE	NO.	BY	DATE	NO.	BY
1/12	1		1/12	1		1/12	1	
2/26	2		2/26	2		2/26	2	
3/24	3		3/24	3		3/24	3	
6/20	4		6/20	4		6/20	4	

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT. PAGE 2 OF 1 PAGE

SIGNATURE: *[Signature]*



REPORT OF DISEASES

STATION OR LOCATION OF SERVICE

1. NAME OF VESSEL: *USS [illegible]*
 2. GRADE AND TITLE: *[illegible]*
 3. NAME AND GRADE OF COMMANDER: *[illegible]*
 4. NAME AND GRADE OF SURGEON: *[illegible]*
 5. NAME AND GRADE OF PHYSICIAN: *[illegible]*
 6. NAME AND GRADE OF DENTIST: *[illegible]*
 7. NAME AND GRADE OF CHAPLAIN: *[illegible]*
 8. NAME AND GRADE OF NURSE: *[illegible]*
 9. NAME AND GRADE OF PHARMACEUTICAL ASSISTANT: *[illegible]*
 10. NAME AND GRADE OF LABORATORY ASSISTANT: *[illegible]*
 11. NAME AND GRADE OF OTHER PERSONNEL: *[illegible]*
 12. DATE: *30 Nov 44*
 13. TIME: *[illegible]*
 14. PLACE: *[illegible]*
 15. NAME AND GRADE OF REPORTER: *[illegible]*
 16. NAME AND GRADE OF APPROVING OFFICER: *[illegible]*
 17. SIGNATURE OF APPROVING OFFICER: *[illegible]*
 18. SIGNATURE OF REPORTER: *[illegible]*
 19. TITLE OF APPROVING OFFICER: *[illegible]*
 20. TITLE OF REPORTER: *[illegible]*

REPORT OF DISEASES

Advanced Typhoid fever, 3 cases to 22 Nov 44.
 1101, 12 Nov 44, 1 M LA, 2 M
 TIA. All Gravities occurred in 1101

AGE	SEX	RACE	STATUS	DATE	DISEASE	DURATION	REMARKS	PRESENT		RECENT			REMARKS
								NO.	DATE	NO.	DATE	NO.	
10	M	W	1	11/11/44	Typhoid	3	[illegible]	1	11/11/44	1	11/11/44	1	11/11/44
10	M	W	2	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	3	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	4	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	5	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	6	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	7	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	8	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	9	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	10	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	11	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	12	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	13	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	14	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	15	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	16	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	17	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	18	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	19	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	20	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	21	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	22	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	23	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	24	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	25	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	26	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	27	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	28	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	29	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44
10	M	W	30	11/12/44	Typhoid	3	[illegible]	1	11/12/44	1	11/12/44	1	11/12/44

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT

SIGNATURE: *[illegible]*
 TITLE: *[illegible]*
 DATE: *30 Nov 44*

MONTHLY REPORT

ORGANIZATION: 31st INF
 STATION OR LOCATION: 3d Army, France
 NAME: [Blank] GRADE: [Blank] CODE: [Blank]
 Name, Walter H. 3289500 Pvt 057 AMB
 MCO 000
 Name, Lamon L. 35337793 Pvt 057 AMB
 MCO 067
 Name, Carl H. 31671839 Pvt 057 AMB
 MCO 000
 Name, Antonio V. 6720225 Pvt 057 AMB
 MCO 050

Pr sk (LD) lost to hosp to by par FAR 4
 HQ 220 HQ 80th Inf Div. NAME white. MOS
 & MCO as indicated. (Above & 24)

Name, Samuel C. 6923226 Pfc 057 AMB
 MCO 499
 Pr SNA lost to hosp to MPD per FAR 4 SO
 220 HQ 80th Inf Div. NAME white. MOS &
 MCO as indicated.

Name, William F. 35892034 Pvt 057 AMB
 Pr SNA in care to LHA at 304th Med Clr Sta
 Pr LHA at 304th med Clr Sta to lost to
 hosp. MOS as indicated.

RECORD OF EVENTS

1 All LHA Casualty occurred in France

(1)	RACE	STATUS	TOTAL	AICND	PRESENT					ABSENT			MISC
					PROB	FOR	OUT FOR	IE	SE	CONF	PER	ASST	
		(15)	(1)	ORG 9	DATE	DATE	DATE	DATE	DATE	(10)	(11)	(11)	(11)
GEN													
COL													
LT													
COE													
Inf	1		1			1							
CAV	5		5			5							
Inf	2		2			2							
LT													
PL	2		2			2							
LT													
TEL	10		10			10							
PL													
REPT													
1501													
T 20V	1		1			1							
S 20V	2/8		2/8			2/8							
TEL-1													
TEL-2	1/12		1/12			1/12							
TEL-3													
TEL-4													
TEL-5	3/21		3/21			3/21							
TEL-6													
TEL-7													
TEL-8	26		26			26							
TEL-9													
TEL-10	51		51			49		2					
TEL-11													
TEL-12													
TEL-13	6/11		6/11			6/11		2		1			
TEL-14													

I CERTIFY THAT THIS MONTHLY REPORT IS CORRECT. PAGE 1 OF 1 PAGES
 SIGNATURE: [Signature]
 DATE: 6/11/44
 TITLE: [Blank]
 UNIT: [Blank]

REPORT MADE AT: **WASHINGTON FIELD OFFICE**
 ORGANIZATION: **AMERICAN PEOPLE'S PARTY**
 STARTING DATE: **10/1/68** TO: **10/1/68**
 TITLE: **RECORDS OF THE PARTY**
 NAME: **WALTER J. RAY**
 ADDRESS: **1700 35th St NW, Wash DC**
AKA: 1700 35th St NW, Wash DC

RACE	AGE	ATOMIC NUMBER	TOTAL	ATOMIC NUMBER OF NO. 5	RELIGION			POLITICAL AFFILIATION			
					PROT	CATH	OTH	DEM	REP	IND	OTH
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
W											
M											
F											
MAI	1		1		1						
CHI	5		5		5						
HS	2		2		2						
LY	2		2		2						
HO	2		2		2						
OT	10		10		10						
W											
M											
F											
MAI	1		1		1						
CHI	2/8		2/8		2/8						
HS	1/12		1/12		1/12						
LY	3/21		3/21		3/21						
HO	26		26		26						
OT	50		50		43	2					
W	5/118		5/118		5/118	2					

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT. PAGE 1 OF 1 PAGES
 SIGNATURE: *Walter J. Ray*
 SPECIAL AGENT IN CHARGE

RECORD OF AVANCEE
ADVANCED TO 11 Rev 11, GRADE TO 12
GRADE, 1000, 11 Rev 11.

CLASS	ADDD	RECHD	TOTAL	RECHD	PRESENT				ABSENT			MINS.
					FOR	NOT FOR	T A	RE	CONY	FOR	RECH	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
GR												
LY												
MT	1		1		1							
MT	5		5		5							
LY	2		2		2							
MT	2		2		2							
MT	10		10		10							
MT	1		1		1							
MT	2/8		2/8		2/8							
MT	1/12		1/12		1/12							
MT	3/21		3/21		3/21							
MT	26		26		25				1			
MT	50		50		48		2					
MT	6/18		6/18		6/18		2			1		

I CERTIFY THAT THE ABOVE IS CORRECT. PAGE 1 OF 1 PAGES

SIGNATURE: *[Signature]*
 TITLE: **MANAGER**
 NAME: **11 Rev 11**
 GRADE: **12**

MORNING REPORT

7-222

ORGANIZATION:
 STATION OR LOCATION:
 NAME:
 SPECIAL NUMBER:
 GRADE:
 NO.
 CODE

U.S. MARSHAL SERVICE
 (PLEASE PRINT NAME)

Convicted under provisions of An Act
 sentenced to perform hard labor
 and confinement for a period of three (3)
 months and to forfeit salary for the
 period of six (6) months.
 (18 U.S.C. 3581, 3582, 3583, 3584, 3585, 3586, 3587, 3588, 3589, 3590, 3591, 3592, 3593, 3594, 3595, 3596, 3597, 3598, 3599, 3600)

at **120219A**
 Ft. at **24** on **20** day of **NOV** 1944.

Convicted under provisions of An Act
 sentenced to perform hard labor without
 confinement for a period of three (3)
 months and to forfeit salary for the
 period of six (6) months.
 (18 U.S.C. 3581, 3582, 3583, 3584, 3585, 3586, 3587, 3588, 3589, 3590, 3591, 3592, 3593, 3594, 3595, 3596, 3597, 3598, 3599, 3600)

Davis, Charles Jr. **33671768**
 Ft. at **24** on **20** day of **NOV** 1944.

Convicted under provisions of An Act
 sentenced to perform hard labor without
 confinement for a period of three (3)

NO.	NAME	TITLE	STATUS	ORGANIZATION	PROPERTY				OFFENSE				REMARKS	
					ACQ.	RECY.	RECY.	RECY.	CONF.	FBI	WEEK	INC.		
001														
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050														

I CERTIFY THAT THIS MORNING REPORT IS CORRECT. PAGE 1 OF 2 PAGES

SIGNATURE _____



FORM 222-1 (REV. 1-1-44)



MIDDLING REPORT FORM

ORGANIZATION

STATION OR LOCATION

NAME

GENERAL PURPOSE

GRADE

DOZ

DAY

PERIOD OF YEAR TO WHICH THIS REPORT APPLIES
 (e.g., 1st 100 hours of 1954)

UNIT	ASAP	ARCHD OVERSED	COUNCIL	PROV ORGANIZED	PRESENT				ABSENT					
					MEM	BOYS	LE	EX	NOOP	FOR	AROL	FOR		
MEM														
BOYS														
LE														
EX														
NOOP														
FOR														
AROL														
TOTL	10	10			10									
MEM														
BOYS														
LE														
EX														
NOOP														
FOR														
AROL														
TOTL	26	26			26									
MEM														
BOYS														
LE														
EX														
NOOP														
FOR														
AROL														
TOTL	50	50			50									

I CERTIFY THAT THIS MIDDLING REPORT IS CORRECT

SIGNATURE _____



INTERNATIONAL MATRONS BOARD NEW YORK
ORGANIZATION *1945*
SYSTEM OF OPERATION *1945*
REPORT *1945*
OFFICE *1945*
ADDRESS *1945*

REPORT *1945*
REPORT *1945*
REPORT *1945*
REPORT *1945*
REPORT *1945*
REPORT *1945*
REPORT *1945*
REPORT *1945*
REPORT *1945*

UNITED STATES AIR FORCE
UNITED STATES AIR FORCE

NO.	AERO	PILOT	TOTAL	CARRIER	DESTROYED		T.D.	S.E.	KILLED			OTHER
					PLANES	BOMBERS			BY	BY	BY	
1												
2												
3												
4												
5												
6												
7												
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40												

I CERTIFY THAT THIS MORNING REPORT IS CORRECT. PAGE *1* OF *2* PAGES
 REPORTED BY
 CHECKED BY
 DATE

WORKING REPORT

ORGANIZATION: **U.S. AIR FORCE**
 STATION OR LOCATION: **WRIGHT PATTENSON AIR FORCE BASE**
 AIRCRAFT: **B-29** SERIAL NUMBER: **44-23861** ORDER: **1000** INDEX: **1000**

OR

(1)	ASST	ATKRD UNKRD	TOTAL	ATKRD FRAGMNTS	PROG. INT.					SUBJECT							
					FOR	INT FOR	T. E. I.	OK	NOVY	LY	ANAL	RES					
GEN																	
DEL																	
LY																	
CH																	
MM	1		1		1												
CHRY	5		5		5												
WT	2		2		2												
LY	2		2		2												
SR	2		2		2												
LY	2		2		2												
UN	10		10		10												
AL																	
MSST																	
LEST																	
V. INT	1		1		1												
REC-1	2/8		2/8		2/8												
REC-2	1/12		1/12		1/12												
GR	3/19		3/19		3/19												
REC-3	25		25		25				1								
REC-4	48		48		48												
TOT	6/119		6/119		6/119				1								

I CERTIFY THAT THE WORKING REPORT IS CORRECT: PAGE 2 OF 2 PAGES

SIGNATURE: *[Signature]*

1st Lt. [Name]

STATION OR LOCATION: **107632**
 NAME: **107632**
 DATE: **10/11/44**

By av to OK (10) 105th Med Cln Sta. Tr
 OK (10) 105th Med Cln Sta to land to hosp
 HQ as of 17 Nov 44.

UNIT	ASSED	ASSED UNASSD	TOTAL	STOOD OFF'S	PRESENT		T D	SR	CORP	PHN	AWOL	MISC
					FOR	BUYS						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
107632	10		10		10							
107632	1		1		1							
107632	5		5		5							
107632	2		2		2							
107632	2		2		2							
107632	25		25		25		1					
107632	47		47		47							
107632	1/12		1/12		1/12		1					

I CERTIFY THAT THE SERVICES REPORT IS CORRECT: PAGE 1 OF 1 PAGES

SIGNATURE: *[Signature]*
 NAME: **WORTH D. [Name]**



ORGANIZATION REPORT

ORGANIZATION: AMOL STATION OR LOCATION: AMOL

NAME: Wynne, Anthony SERIAL NUMBER: 3340397 GRADE: Pr POS: 1 CODE: 1

NAME: Wynne, William L. SERIAL NUMBER: 3035324 GRADE: Pr POS: 3 CODE: 1

NAME: Hindson, Oliver W. SERIAL NUMBER: 3542491 GRADE: Pr POS: 1 CODE: 1

NAME: Conroy, Jack SERIAL NUMBER: 3270416 GRADE: Pr POS: 1 CODE: 1

NAME: Davis, Charles SERIAL NUMBER: 33071703 GRADE: Pr POS: 1 CODE: 1

NAME: Wynne, William L. SERIAL NUMBER: 3035324 GRADE: Pr POS: 3 CODE: 1

NAME: Conroy, Jack SERIAL NUMBER: 3270416 GRADE: Pr POS: 1 CODE: 1

NAME: Davis, Charles SERIAL NUMBER: 33071703 GRADE: Pr POS: 1 CODE: 1

NAME: Wynne, William L. SERIAL NUMBER: 3035324 GRADE: Pr POS: 3 CODE: 1

CLASS	RECD			ISSUED			TOTAL			REMARKS		
	AMOUNT	DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION
REG	1			1			1					
CONF	5			5			5					
ST	2			2			2					
TD	2			2			2					
VAL	10			10			10					

CLASS	AMOUNT	DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION
REG	1			1			1		
CONF	2/3			2/3			2/3		
ST	1/12			1/12			1/12		
TD	1/10			1/10			1/10		
VAL	25			25			25		
REG	46			46			46		
VAL	8/10			8/10			8/10		

I CERTIFY THAT THIS MONTH'S REPORT IS CORRECT. PAGE 1 OF 1 PAGES

SIGNATURE: [Signature]

DATE: 1st 11

MORNING REPORT **1100** **Nov** **1964**

UNIDENTIFIED **1100** **1100** **1100** **1100**

STATION OR LOCATION **1100** **1100** **1100** **1100**

UNIT NUMBER **1100** **1100** **1100** **1100**

1100 **1100** **1100** **1100**

Fr sk (LD) 305th Mod CLR Sta to post to hosp NHC as of 19 Nov 64

Fr sk (LD) 305th Mod CLR Sta to post to hosp NHC as of 19 Nov 64

Fr sk (LD) 305th Mod CLR Sta to post to hosp NHC as of 19 Nov 64

Fr sk (LD) 305th Mod CLR Sta to post to hosp NHC as of 19 Nov 64

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Fr sk (LD) 305th Mod CLR Sta to post to hosp NHC as of 19 Nov 64

Fr sk (LD) 305th Mod CLR Sta to post to hosp NHC as of 19 Nov 64

TIME	PRESENT			ABSENT			REMARKS
	ASST	ATFT	USAL	FOR	NOT FOR	REASON	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
TER							
CS							
IF							
CL							
MA	1		1		1		
CH	5		5		5		
HT	2		2		2		
SD	2		2		2		
AL	10		10		10		
HOW							
LEG							
1 SEY	1		1		1		
TELE	2/8		2/8		2/8		
ST	1/12		1/12		1/12		
TELE	3/17		3/17		3/17		
ST	25		25		25		1
ST	15		15		15		1
ST	6/10		6/10		6/10		1

I CERTIFY THAT THIS MORNING REPORT IS CORRECT.

SIGNATURE *[Signature]* PAGE **1** OF **1** GNS

UNIT NUMBER **1100** **1100** **1100** **1100**

STATION OR LOCATION **1100** **1100** **1100** **1100**

UNIT NUMBER **1100** **1100** **1100** **1100**

STATION OR LOCATION **1100** **1100** **1100** **1100**

UNIT NUMBER **1100** **1100** **1100** **1100**

ORGANIZATION US ARMY 71st INF DIV 4TH INF BRG

STATION OR LOCATION MARIETTA, GEORGIA FRONTIER 013500

NAME Cabrerlein, Raymond W. 19087559 Tec 4 673 1969
 APTD 3 Sgt Fr Tec 4 as of 20 Nov 44 per
 PAR 7 SO 175 No 318th Inf.

NAME Green, Phillip D., Jr. 35226104 Tec 4 661 1969
 APTD 2 Fr Tec 4 as of 20 Nov 44 per
 PAR 7 SO 175 No 318th Inf.

NAME Ulines, T. J. 36104065 Tec 5 861 1969
 APTD Tec 4 Fr Tec 5 as of 20 Nov 44 per
 PAR 7 SO 175 No 318th Inf.

NAME McNeill, Thealwood 35729653 Cpl 881 1969
 APTD Tec 4 Fr Cpl as of 20 Nov 44 per
 PAR 7 SO 175 No 318th Inf.

NAME Bynum, Don M. 34671737 Pvt 673 1961
 APTD Cpl Fr Pvt as of 20 Nov 44 per PAR 7
SO 175 No 318th Inf.

NAME Huescher, Carl H. 37383033 Pfc 657 1966

NAME Kocsik, Bernard F. 32924346 Pfc 521 1961

Above 2 EW aptd Tec 5 fr Pfc as of 20 Nov 44 per PAR 7 SO 175 No 318th Inf.

NAME Duncan, Herbert M. 34087304 Pvt 345 1965

NAME Elshoff, Matthew A. 14760103 Pvt 521 1961

NAME Greaves, Charles B. 32407696 Pvt 521 V

SER	RECD	ATC/O	TOTAL	AFTER	FEBRUARY					ABSENT			
					CHY	PT	E	S	CONF	LV	UNL	MS	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT. PAGE 1 OF 1 PAGES

ORGANIZATION: **1st Lt**
 STATION OR LOCATION: **Paulson, France**
 NAME: **Robert P. Davis** SERIAL NUMBER: **12023160** GRADE: **Pfc** SOG: **521** CODE: **121**
 NAME: **Charles Jr. Davis** SERIAL NUMBER: **33671283** GRADE: **Pvt** SOG: **521** CODE: **121**
 NAME: **Charles Jr. Davis** SERIAL NUMBER: **33671283** GRADE: **Pvt** SOG: **521** CODE: **121**
 FROM: **10) 305th Med Gl'n Sta.** TO: **10) 305th Med Gl'n Sta.** PERIOD: **10 Nov 44** TO: **20 Nov 44**

RECORD OF EVENTS

Advanced from **Thiecourt, France** to **Paulson, France** **1000**, **21 Nov 44**
1 MIA, Casualty occurred in France.

[Handwritten mark]

DATE	AHEAD	AHEAD UNASSD	TOTAL	RECORDED ORG'S	PRESENT			ABSENT				TOTAL
					WAR DUTY	NOT ON DUTY	Y 2	Y 3	ES	CONF	PER	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
NOV												
DEC												
JAN												
FEB												
MAR	1		1		1							
APR	5		5		5							
MAY	2		2		2							
JUN	2		2		2							
JUL	10		10		10							
AUG												
SEP												
OCT	1		1		1							
NOV	3/9		3/9		3/9							
DEC	0/12		0/12		0/12							
JAN	3/21		3/21		3/21							
FEB	22		22		21				1			
MAR	39		39		39							
APR	6/107		6/107		6/106				1			

CERTIFY THAT THE FOREGOING REPORT IS CORRECT. PAGE 2 OF 2 PAGES

SIGNATURE: *[Handwritten Signature]*

ROBERT P. DAVIS

1st Lt

NAME: [Blank] SERIAL NUMBER: 37174377 GRADE: Sec 4
 CATEGORY: (10) 36500 AND CITY 200

(1)	ASGN	ASGN#	TOTAL	ATCH#	PERCENT		PERCENT				
					100	100	10	20	30	40	50
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
QTY											
COL											
LT											
GR											
PR	1		1		1						
QTY	5		5		5						
LT	2		2		2						
GR	4		4		4						
TOT	10		10		10						
QTY											
LT											
GR											
PR	1		1		1						
QTY	3/9		3/9		3/9						
LT	0/12		0/12		0/12			1			
GR	3/24		3/24		3/24						
PR	22		22		22			1			
QTY	30		30		30						
LT	6/30		6/30		6/30			2			

I CERTIFY THAT THIS REPORTING REPORT IS COMPLETE. PAGE 1 OF 1 PAGES

SIGNATURE: *James H. [Signature]*
 TITLE: [Blank]
 DATE: 10/14

STATION OR LOCATION: SACM
 DATE: 11/13/54
 TIME: 10:00 AM
 TO: SAC, NEW YORK
 FROM: SAC, SACM
 SUBJECT: [Illegible]

CLASS	ACR	ACRIB	ACRIB	PERCENT				RISK			
				FOR	NOT FOR	Y D	SE	CONV	LY	SWA	INS
11	21	10	10	10	27	11	59	110	113	123	133
12											
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1. CHECK IF THIS CASE CONTAINS MATTER IS COMPLETE. PAGE 1 OF 1 PAGES

SIGNATURE: [Illegible Signature]

MORNING REPORT
 ORGANIZATION: 11077
 STATION OR LOCATION: 11077
 NAME: Slatts, Edward A. 11077
 APD Det. Cr. 11077
 80 177 N. 11077
 Name: Edwards, James E. 11077
 APD Det. Cr. 11077
 13 50 177 N. 11077

(1)	AGES	ATTENDANCE	TOTAL	LITERS	PROPERTY		ABSENCE					HOURS
					STY	QTY	T-D	DR	CONF	FUR	TRAV	
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
GEN												
MAJ	1		1		1							
CAPT	5		5		5							
1ST LT	2		2		2							
2ND LT	2		2		2							
1ST LT	10		10		10							
1ST LT												
1ST LT												
1ST LT	3/9		3/9		3/9							
1ST LT	1/11		1/11		1/11							
1ST LT	2/25		2/25		2/25							
1ST LT	21		21		21							
1ST LT	38		38		38							
1ST LT	6/109		6/109		6/109							

I CERTIFY THAT THIS MORNING REPORT IS CORRECT. PAGE 1 OF 1 PAGES
 NAME: *James E. Edwards*
 TITLE: *1st Lt*
 W. D. C. O. FORM NO. 1 (MAY 1966)

ORGANIZATION

STATION OR OFFICE

NAME

GRADE

DATE

REASON

REMARKS

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RANK	ABSENCE	TOTAL	DAYS	DUTY		DUTY		ABSENT				REMARKS
				DAY	NIGHT	DAY	NIGHT	COMED	EXC	UNL	OTH	
MAJ	1	1	1									
LTJG	1	1	1									
LT	2	2	2									
PLT	2	2	2									
PO1	10	10	10									
PO2												
PO3												
PO4												
PO5												
PO6												
PO7												
PO8												
PO9												
PO10												
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PO48												
PO49												
PO50												

I CERTIFY THAT THIS MONTH'S REPORT IS CORRECT. PAGE 1 OF 1 PAGES

SIGNATURE

DATE

ORGANIZATION: ...
 STATION OR LOCATION: ...

NAME: ...
 CODE: ...
 DATE: ...
 NAME: ...
 CODE: ...
 DATE: ...
 NAME: ...
 CODE: ...
 DATE: ...

ADVANCE TO ...
 ...
 ...
 ...

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(1)	ASST	ASST	TECH	ASST	PRESENT			ABSE					
					FOR	NOT FOR	
	1		1		1								
	5		5		5								
	2		2		2								
	8		8		8								
	10		10		10								

...
1	1	1	
3/9	3/9	3/9	
1/11	1/11	1/11	
2/20	2/20	2/20	
21	21	21	
37	37	36	1
5/90	5/90	10/90	1

I CERTIFY THAT THIS REPORTING RECORD IS CORRECT: PAGE 1 OF 1 PAGES

SIGNATURE: *Thomas ...*



WORKING REPORT

ORGANIZATION UNIT

STATE AND LOCATION

NAME

GRADE

DATE

NO.

COST

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

above 9 and etc in p. 20 Nov 40

RECORD OF EVENTS

Advanced from Brevin, Oregon, France to
Louvainville Les St Amand, France 1940.

DATE	TIME	TOTAL	PRESENT		ABSENT							
			FOR DUTY	NOT FOR DUTY	V D	DC	DOV	FR	HWL	HR		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
3/29		1	1									
3/30		1	1									
3/31		2	2									
4/1		2	2									
4/2		2	2									
4/3		10	10									
4/4												
4/5												
4/6												
4/7												
4/8												
4/9												
4/10												
4/11												
4/12												
4/13												
4/14												
4/15												
4/16												
4/17												
4/18												
4/19												
4/20												
4/21												
4/22												
4/23												
4/24												
4/25												
4/26												
4/27												
4/28												
4/29												
4/30												

I CERTIFY THAT THIS WORKING REPORT IS CORRECT.

PAGE 1 OF 1 PAGES

SIGNATURE *[Signature]*

SOUTH DISTRICT

1940

MONTH	REGULAR			OVERTIME			TOTAL			ABSENT		
	REG	EMER	TOTAC	REG	EMER	TOTAC	YR	SR	CAUSE	LV	AWL	OTH
MAY	1		1	1		1						
JUN	5		5	5		5						
JUL	2		2	2		2						
AUG	2		2	2		2						
SEP	10		10	10		10						
OCT												
NOV												
DEC												
TOTAL	10		10	10		10						
7 501	1		1	1		1						
8 501	3/9		3/9	3/9		3/9						
9 501	1/21		1/21	1/21		1/21						
10 501	2/21		2/21	2/21		2/21						
11 501	30		30	30		30						
12 501	27		27	27		27						
TOTAL	6/100		6/100	6/99		6/99						

I CERTIFY THAT THIS MONTH'S REPORT IS CORRECT. FROM 1 OF 1 PAGES

SIGNATURE: *Erwin D. Dierckmann*
ERWIN DIERCKMANN

1st Lt

ARRIVAL REPORT

ORGANIZATION: **COMM. 102**
 NAME: **CONRAD** SERIAL NUMBER: **170000** GRADE: **1st Lt**
 SERVICE NUMBER: **170000** GRADE: **1st Lt**

By air to **1st Lt** on **26 Nov 44**
 Arrived **1st Lt** on **26 Nov 44**
 From **1st Lt** on **26 Nov 44**
 Arrived **1st Lt** on **26 Nov 44**
 From **1st Lt** on **26 Nov 44**
 A **1st Lt** casualty occurred in France.

UNIT	AHEAD	AHEAD	TOTAL	ARRIVED	AGENTS				AGENTS			
					FOR	NOT FOR	Y R	OK	COIN	LU	AVAIL	MISS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
REP												
CAF	1		1		1							
CAF	2		2		2							
CAF	2		2		2							
CAF	2		2		2							
TOT	10		10		10							
REG												
REG												
YR	1		1		1							
YR	3/2		3/2		3/2							
YR	1/1		1/1		1/1							
YR	2/2		2/2		2/2							
YR	20		20		20							
YR	27		27		27				1			
TOT	6/9		6/9		6/9				1			

I CERTIFY THAT THIS ARRIVAL REPORT IS CORRECT. PAGE 1 OF 1 PAGES

REPORTED BY: *[Signature]*
 REPORTED TO: *[Signature]*

ORGANIZATION: **MAIL UNIT** STATION OR LOCATION: **MAIL UNIT**
 NAME: **WILSON, Edward J.** GRADE: **Pfc** NO: **657** CODE: **11**

NAME: **WILSON, Charles T.** GRADE: **Pfc** NO: **661** CODE: **11**

Report (L) last to loop to dr so of 23 Nov
 All per Enr 3 10 204 Bu BOM Ins Div
 NAME: **WILSON** as indicated.

NAME: **WILSON, Edward J.** GRADE: **Pfc** NO: **661** CODE: **11**

Report (L) last to loop to dr so of 23 Nov
 All per Enr 3 10 204 Bu BOM Ins Div

NAME: **WILSON, Edward J.** GRADE: **Pfc** NO: **661** CODE: **11**

CLASS	ASSED	RECD	T-CON	RECD	PRESENT			ABSENT			MISD		
					FOR	NOT FOR	T B	BY	CONV	LV		AWOL	INQ
(1)	(2)	(3)	(4)	CON'S	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
REG													
CAF													
LT													
DIR													
REG	1		1		1								
CAF	6		6		6								
LT	2		2		2								
DIR	2		2		2								
REG	10		10		10								
CAF													
LT													
DIR													
REG	1		1		1								
CAF	3/9		3/9		3/9								
LT	1/11		1/11		1/11								
DIR	2/21		2/21		2/21								
REG	32		32		32								
CAF	26		26		26				1				
LT	5/100		5/100		5/100				1				

I CERTIFY THAT THIS RECORDING REPORT IS CORRECT. PAGE **1** OF **1** PAGES
 SIGNATURE: *Edward J. Wilson*

