

November 25, 2015

Jo Whorne aka May Cowan:

I covered Sunny Stone, I am trying to get my birth certificate - I am going to Vital Statistics center for my birth certificate. I was told they do not have a record of my birth.

My mother is: Flossie Mabel Gummy (maiden)

Flossie Mabel Stone (married name) B.D. March 20, 1931. Place of Birth Florence South Carolina

My father was William Jennings

B.D. Place 4 children Deceased 1956

William Jennings Stone Jr. B.D. March 21, 1948

Born in Flemington South Carolina Ellen Wanda B.D. March 6, 1949

Born in Flemington South Carolina

Margaret Diane Stone B.D. Jan 26, 1952

Carlisle Sunny Stone B.D. August 30, 1950

We record of two birth -

We would really be thankful

for any help we can get -

Thank you again

Sincerely

Carlisle Sunny Stone

If you need any more information Please call me at 863-614-3189



DEPARTMENT OF VETERANS AFFAIRS

Regional Office
1801 Assembly Street
Columbia SC 29201

March 19, 2001

CARROLL G STONE
18 HAROLD DRIVE
BEAUFORT SC 29906

In Reply Refer To: 319/213
CSS 497 50 5831
STONE, C G

Dear Mr. Stone:

The official records of the Department of Veterans Affairs show that CARROLL G STONE is 100% service connected, permanent and total, due to conditions related to service connection.

If You Have Questions

If you have any questions, call us toll-free by dialing 1-800-827-1000. Our TDD number for the hearing impaired is 1-800-829-4833. *If you call, please have this letter with you.*

Sincerely yours,

B. C. GIBBARD
Veterans Service Center Manager

DD FORM 1 JUL 79 214		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY	
1. NAME (Last, first, middle) STONE, CARROLL GAINES		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 197 50 5831	
4a. GRADE, RATE OR RANK E6	4b. PAY GRADE E6	5. DATE OF BIRTH 500830	6. PLACE OF ENTRY INTO ACTIVE DUTY KANSAS CITY, MO		
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CD USA MEDDAC HEALTH SVC CMD-HS			8. STATION WHERE SEPARATED FT KNOX, KY 40121		
9. COMMAND TO WHICH TRANSFERRED NA			10. SGU COVERAGE AMOUNT \$ 35,000 <input type="checkbox"/> NONE		
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 76Y30, UNIT SUPPLY SP 10 YEARS, 09 MONTHS, 73C30, FINANCE SPECIALIST 10 YEARS, 09 MONTHS //NOTHING FOLLOWS//			12. RECORD OF SERVICE		
			a. Date Entered AD This Period		
			b. Separation Date This Period		
			c. Net Active Service This Period		
			d. Total Prior Active Service		
			e. Total Prior Inactive Service		
			f. Foreign Service		
			g. Sea Service		
h. Effective Date of Pay Grade					
i. Reserve Oblig. Term. Date					
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY COMMENDATION MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GOOD CONDUCT MEDAL-2d and//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//NCO PROFESSIONAL DEVELOPMENT RIBBON(1)//RIFLE M-16 EXP QUAL BADGE//HAND GREN SPS QUAL BADGE//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) UNIT SUPPLY SP CRS 8 WKS 1971//JUMPS SP CRS 1 WK 1971//PRIMARY LEADERSHIP CRS 1 WK 1972//MANUAL SUPPLY CRS 1 WK 1974//AUTO SUPPLY CLERK CRS 1 WK 1974//NOTHING FOLLOWS					
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID NONE
18. REMARKS Disability Rating: 30%//// NOTHING FOLLOWS					
19. MAILING ADDRESS AFTER SEPARATION 1027 NORTH KENTUCKY HAINES CITY, FLORIDA 33844			20. MEMBER REQUESTS COPY 6-8E SENT TO <input checked="" type="checkbox"/> F1 DR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21. SIGNATURE OF MEMBER BEING SEPARATED UNAVAILABLE FOR SIGNATURE			22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN [Signature]		
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RETIREMENT			24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE		
25. NARRATIVE REASON FOR SEPARATION Physical Disability, temporary					
26. DATES OF TIME LOST DURING THIS PERIOD NONE			27. MEMBER REQUESTS COPY 4 INITIALS		

I CERTIFY THAT THIS IS A TRUE AND EXACT COPY
OF THE ORIGINAL DOCUMENT (OR A CERTIFIED COPY
ISSUED BY A PUBLIC CUSTODIAN OF RECORDS) THAT
I HAVE PERSONALLY EXAMINED.

Amelia Beckner

SIGNATURE
CIVIL RECORDS MANAGEMENT CENTER
ST. LOUIS, MISSOURI

09387

16/ 04

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT

1. LAST NAME FIRST NAME-MIDDLE NAME STONE CARROLL GAINES			2. SEX M		3. SOCIAL SECURITY NUMBER 497 50 5831		4. DATE OF BIRTH 50 08 30	
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY - RA			6. GRADE, RATE OR RANK SSG		7. PAY GRADE E-6		8. DATE OF RANK 78 01 16	
9a. SELECTIVE SERVICE NUMBER NA		9b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE NA		c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE 4946 N. Ewing Kansas City, MO 64119				
9d. TYPE OF SEPARATION Discharge				5. STATION OR INSTALLATION AT WHICH EFFECTED Fort Riley, Kansas				
c. AUTHORITY AND REASON Chap 2 AR 635-200				d. EFFECTIVE DATE 79 03 20		10. REENLISTMENT CODE RE-1A		
6. CHARACTER OF SERVICE HONORABLE				7. TYPE OF CERTIFICATE ISSUED DD FORM 256A		11. COMMAND TO WHICH TRANSFERRED NA		
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USARF Fort Riley, Kansas - FC				12. COMMAND TO WHICH TRANSFERRED NA				
13. TERMINAL DATE OF RESERVE YEAR MONTH DAY NA		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Hannau, Germany APO 09165			15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY 75 03 21			
16a. PRIMARY SPECIALTY NUMBER AND TITLE 76Y30 710212 Unit Supply Sp 7807 69 SGT		16b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 223.138 Stk Control Supv		17. RECORD OF SERVICE		18. DATE ENTERED ACTIVE DUTY THIS PERIOD		
17a. SECONDARY SPECIALTY NUMBER AND TITLE None		17b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER None		(a) NET ACTIVE SERVICE THIS PERIOD		YEARS MONTHS DAYS 04 00 00		
				(b) PRIOR ACTIVE SERVICE		03 11 03		
				(c) TOTAL ACTIVE SERVICE (a+b)		07 11 03		
				(d) PRIOR INACTIVE SERVICE		00 06 18		
				(e) TOTAL SERVICE FOR PAY (c+d)		08 05 21		
				(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD		02 03 23		
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 YRS (1-12 grades) COLLEGE 0 YRS				
21. TIME LOST (Preceding Two Yrs) None		22. DAYS ACCRUED LEAVE PAID 6 days		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT		
				25. PERSONNEL SECURITY INVESTIGATION a. TYPE ENTINAC		b. DATE COMPLETED See Item 27		
26. DECORATIONS, MEDALS, SIGGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NATIONAL DEFENSE SERVICE MEDAL GOOD CONDUCT MEDAL								
27. REMARKS Last period overseas service - Germany; from 23 Nov 74 through 13 Jul 77 Training completed - Race Relations Ref Item 25b - DD Form 215 will be issued to provide missing information Regular reenlistment bonus paid; Amount paid: \$1,996.80 Date: 22 Mar 75								
Individual requests a copy of the DD Form 214/Optional Form 214								
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) 4946 N. Ewing Kansas City, MO 64119				29. SIGNATURE OF PERSON BEING SEPARATED Carroll L. Stone				
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER J.L. WILMSMEYER, DAC GS-7 CHIEF, TRANSFER POINT				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN J.L. Wilmsmeyer				

DD FORM 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

THIS IS AN IMPORTANT RECORD

REPORT OF SEPARATION FROM ACTIVE DUTY

PROPERTY THAT THIS IS A TRUE AND EXACT COPY
OF THE ORIGINAL DOCUMENT WITH A CERTIFIED COPY
ISSUED BY A PUBLIC OFFICIAL (MAN OF RECORDS) THAT
I HAVE PERSONALLY EXAMINED.

Julia Becker

SIGNATURE

DATA RECORDS MANAGEMENT CENTER
ST. LOUIS, MISSOURI