P. O. Box 873 Hopkinsville, KY 42241-0873 May 23, 1994

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Fairfield County Museum 231 South Congress Street Winnsboro, SC 29180

Ladies and Gentlemen:

On September 12, 1939, I was born in Fairfield County to Mr. and Mrs. Willie Pearson according to my birth record. Please see attached copy. Shortly after my birth, my mother, Azenee Belton Pearson, left Winnsboro, S.C. and never returned. I was never told why she left nor anything about those she left behind.

Fifty-four years have passed. I have retired from the military with honors largely because of the values instilled in me by my mother. I believed I had no sisters or brothers or surviving family until a few months ago when my wife noticed that according to my birth certificate another child was born to my parents. I have this inner need to locate any of my remaining relatives. According to the brochure that I was sent, there are people within the museum's genealogy section that could assist me in locating any remaining family members.

Any help you can give me in this matter would be greatly appreciated. My address is listed above and please feel free to call me collect at (502) 886-3400 with any helpful information you might find or any other requirements needed of me.

> Sincerely, Willif Poarsonck, Willie Pearson, Jr.

JIL

Enclosure

fact Palate... I certify that I instilled or had instilled in the eyes of this child at..... Given name added from fic. Town of hereby certify that I attended the birth of this child, who was. If stillborn, Boy or Lint â Inwnalip of. County of Place ğ 15. Industry or business in which work was done, as silk mill, Color or raca 12 (14 12. Age at last birthday. priod of gestation Number of children of this mother (At ume of hirth and including this child) Birthplace (city or place) ... 14. Trade, profession. or particular Residence (mailing address) (If pon-resident, give place and State) When there was no attending physician or midwife, then the father, householder, lett., should make this return. FULL NAME OF CHILD. supplementary report. Date PLACE OF BIRTH 29 sawmill, bank, State or country engaged in this work (month and year) last If Plural 4. Twin, triplet or other... 5. Number, in order of birth... FATHER CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW OCCUTS IN months Weeks Hare Lip. Hiller, Yeld 17. Total time (years) spent in this work 29. Cause of stillbirth. *f.* (Date of) ŗ, Maria (a) Born alive and now living.(b) Born alive but now dead..... C CHUMTRA Standard STATE OF SOUTH CAROLINA Bureau of Vital Statistica State Board of Health other Registration District No ... 200 6. Premature... Mondat. institution, give na Full term. Other Deformities T'S **Certificate of** OCCUPATIO 4 22. Birthplace (city & place) CHALS 20. 19. Residence (main of address) (If non-residency give place and State)... 18. Name before (Signed) Filed... Address Color or race (11, Cod) 21. Age at last birthday 24. Industry or work was de 23. Trade, profession, 25. Date (rionth and year) last marriage multing (Born alive or stuttorn) keeper, 7. Are Parents engaged in this work lawyer's office, Married? of same instead Birth PANZ_ -M. on above date ... Joint, nurse, もら business in which siik mi or particular 8 FILE No.-For State Registrar Only of street clerk, etc. MOTHER Date of birth A A 19 Ff...m. on the date above stated home. â -Registered No..... 11EAE 2649 26. Total time (years) spent in this work and number) (Name of Prophylactic) If child is not (Specify) Bellin During labor. Before labor. 3 Date Received by Ce Ĉ LULUAN A, ..(c) Stillborn 23 year) report as directed r TRUE 0 Midwife F M.D. --Ward) *d* directed (Yeans) 403 ATTESTS: This is a true copy of the criginal certificate filed in the records of the S. State Board of Health . Bureau of Vital Statistics. Absence of C. State Board of Health renders this certification impression seal of the S. C. void. E. Genneth ayerch. p! D. By: Assistant State Registrar 23-68 Date: State Health Officer and Registrar 7-