

ARTIST INFORMANT DATA SHEET

Individuals left  
suspecting

Last Name West First Name Elliott Middle Name \_\_\_\_\_ Sex \_\_\_\_\_

Organization/Group Name \_\_\_\_\_

Address 430 Olenolce Dr., Box 850

City Folkston State GA Zip 31537

County McIntosh Co. Phone ( ) no phone

Birthdate Aug 27, 1920 Deathdate \_\_\_\_\_

Birthplace \_\_\_\_\_

Category of Artist \_\_\_\_\_

Genres/Category of Product \_\_\_\_\_

Ethnic Background A.A. American

Ethnic-based Tradition? no

Primary Language English

Religious Affiliation ?

Occupation turnpentineer

Fieldworker LK Summers

Date 2-1-98 Location Mr. West's porch, Folkston



FAD Accession #s \_\_\_\_\_ Museum Accession # \_\_\_\_\_

Participant? \_\_\_\_\_ Area \_\_\_\_\_