

ARTIST INFORMANT DATA SHEET

Individuals left
suspecting

Last Name West First Name Elliott Middle Name _____ Sex _____

Organization/Group Name _____

Address 430 Okefenokee 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 Af. American

Ethnic-based Tradition? no

Primary Language English

Religious Affiliation ?

Occupation carpenter

Fieldworker LK Summers

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



FAD Accession #s _____ Museum Accession # _____

Participant? _____ Area _____