

Historic Charleston Foundation
Oral History Project

Oral History Interview Documentation Sheet

Please complete an Interview Documentation Sheet for each interview conducted. Return completed form to the Margetta Childs Archives, along with the interview recording and release form.

Project Title: Carl Boone Oral History

Interview Date: 3/19/14 Location: HCF Headquarters
40 East Bay

Full Name of Interviewee: Carl T. Boone

Date of Birth: 3/31/18 Birthplace: Charleston, SC

Address: 5 Glenwood Ave
Charleston, 29403

Phone Number: _____

Email: _____

Full Name of Interviewer: Will Hamilton

Contact Information (if not HCF): HCF 843-720-1180
whamilton@historiccharleston.org

Approximate Length of Interview: 1hr Minutes Recording Speed/Level: _____

Number of Original Recordings: 2 cassettes Format (tapes, CDs, etc.): H. Ref. Digital

Videographer's Name (if applicable): Annie Bum / Katie Gatrell

Photographer's Name (if applicable): A. Bum

Transcriber's Name (if applicable): A. Bum

For Archives Use Only:

Date Received

Received By

Signed Interview Agreement and Consent Form

Original Recording



Historic Charleston Foundation Oral History Project

Interview Agreement and Consent Form

The Oral History Project is a program of Historic Charleston Foundation. All recordings and transcripts resulting from interviews conducted for HCF's Oral History Project become part of the Margaretta Childs Archives at Historic Charleston Foundation, where they will be made available for use by HCF staff and other researchers in a manner consistent with the missions of both Historic Charleston Foundation and the Margaretta Childs Archives. All recordings and transcripts become the property of Historic Charleston Foundation and will be regulated according to any restrictions placed on their use by the interviewee and/or interviewer. Typical uses may include scholarly and other publications, audio/visual presentations (including the production of CDs or DVDs), exhibits, websites, and other marketing and communications purposes. Your consent to participate in this research as provided in this agreement is entirely voluntary.

We, the undersigned, have read the above. The interviewer affirms that she/he has explained the nature and purpose of this oral history research. The interviewee affirms that she/he has consented to the interview. The interviewer and interviewee (and videographer and photographer, when applicable) hereby give grant and assign to Historic Charleston Foundation all rights, title and interest, including copyright, of whatever kind from this information and interview.

Signature Carl T. Boone

Date 3/19/14

Full Name of Interviewee (print clearly) Carl T. Boone

Address 5 Crenwood Ave.

City, State Zip Charleston, SC 29403

Phone Number (include area code) 678-933-4317

Signature Will Hamilton

Date 3/19/14

Full Name of Interviewee (print clearly) Will Hamilton

Address 49 East Bay St.

City, State Zip Charleston, SC, 29401

Phone Number (include area code) 843-720-1180

Restrictions for use, if applicable: _____

Thank you for your cooperation and generosity! Your interview will help to preserve and share the history of Charleston for current and future generations!