

**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: 1 1/2 Minutes Recording Speed/Level: \_\_\_\_\_

Number of Original Recordings: 2 tapes Format (tapes, CDs, etc.): H. DEF. DIGITAL

Videographer's Name (if applicable): ANNIE BLUM / KATIE GATRELLE  
Photographer's Name (if applicable): A. Blum  
Transcriber's Name (if applicable): \_\_\_\_\_

**For Archives Use Only:**

Signed Interview Agreement and Consent Form

Original Recording

Date Received

Received By

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

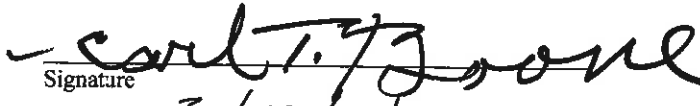
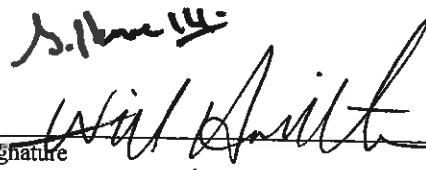


## Historic Charleston Foundation Oral History Project

### 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 Margareta 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 Margareta 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	 Signature
3/19/14 Date	3/19/14 Date
Carl T. Boone Full Name of Interviewee (print clearly)	Will Hamilton Full Name of Interviewee (print clearly)
5 Glenwood Ave. Address	49 East Bay St. Address
Charleston, SC 29403 City, State Zip	Charleston, SC, 29401 City, State Zip
678-933-4317 Phone Number (include area code)	843-720-1180 Phone Number (include area code)

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!**