

**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: Interview w/ Rufus Ravenel

Interview Date: 1-22-15 Location: Romney Urban Garden
272 Romney St

Full Name of Interviewee: Rufus Ravenel

Date of Birth: Jan 10 1937 Birthplace: Charleston

Address: 6 Paige Ct
Charleston SC 29403

Phone Number: 843-723-0185

Email: /

Full Name of Interviewer: Katherine Pemberton / April Wood

Contact Information (if not HCF): HCF

Approximate Length of Interview: 1.5 hr Minutes Recording Speed/Level: 30 gig

Number of Original Recordings: _____ Format (tapes, CDs, etc.): _____

Videographer's Name (if applicable): Amie Blum / Libby

Photographer's Name (if applicable): Libby Williams

Transcriber's Name (if applicable): _____

For Archives Use Only:

Signed Interview Agreement and Consent Form

Original Recording

Date Received

1/23/2015

4/30/2015

Received By

KBE

KBE

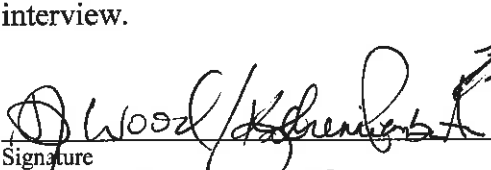


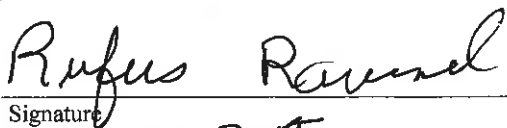
Historic Charleston Foundation Oral History Project

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
Jan 22, 2015
Date
Katherine Pemberton / April Wood
Full Name of Interviewer (print clearly)
40 East Bay St Tracey
Address Pickard
Charleston SC 29401
City, State Zip
843-805-6731
Phone Number (include area code)


Signature
22 JAN 2015
Date
RUFUS RAVENAL
Full Name of Interviewee (print clearly)
6 PARISH COURT
Address
CHARLESTON S.C. 29403
City, State Zip
(843) 723-6185
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!

TRACEY PICKARD
5 PARISH COURT
CHS. S.C.
29403