# **A Middle Pleistocene Lower Back and Pelvis from an Aged Human Individual from the Sima de los Huesos Site, Spain**

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# **Supporting Information (SI) Appendix**

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## **Supporting Information I: Text**

**Text S1. Description of the specimens** (see also *SI Appendix*, Texts S2, S3, Table S1). *Pelvis. Right os coxae*  $(AT-1001 + AT-1002)$ . Almost complete hip bone in three fragments. Two of them are jointly labelled as AT-1001. The largest one represents most of the ilium and ischium. This fragment lacks the bony region around the anterior superior iliac spine (ASIS) and a small cranial portion of the iliac blade. Besides, the sacro-pelvic region has some missing portions (mainly at the posterior border) and is affected by general cracking, but distortion is minimal. The smallest fragment, also labelled as AT-1001, belongs to the lateral portion of the ischio-pubic ramus. This does not fit with the remaining portions of the ischium. The third fragment, labelled as AT-1002, represents most of the pubic body and the inferior pubic ramus. The superior pubic ramus is missing. *Left os coxae* (AT-1000). It is composed of two fragments: a large one preserving most of the ilium and ischium, and another representing most of the pubic bone. The main missing regions are a small cranial portion of the iliac tuberosity, the most anterior superior part of the iliac blade (including the ASIS), and most of the acetabular portion of the pubis. The ventral margin of the anterior inferior iliac spine (AIIS) shows little erosion. *Sacrum and coccyx* (AT-1003). It is composed of a single piece with six vertebral elements. The first sacral vertebra (S1) lacks the ventral parts of the sacral plate and body. Only small portions of the medial crest and ala are absent in the second vertebra (S2), whereas the third vertebra (S3) is slightly damaged on the right lateral part. The fourth and fifth vertebrae lack most of the lateral regions. The sixth element preserves more than the right half body and 1-cm-long lateral transverse process. This last element is considered to represent the partially sacralized first coccygeal vertebra (see *SI Appendix*, Text S2).

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*Lumbar spine. First lumbar vertebra (L1)* (VL16=AT-2592+AT-2695+AT-2707+AT-4038+AT-4906). Fragmentary L1 comprising the left half and the dorsal aspect of the vertebral body, both pedicles, the upper left articular facet, both laminae, the lower articular facets and half of the spinous process. *Second lumbar vertebra (L2)* (VL1=AT-2590+AT-2593+AT-2693+AT-2705+AT-2706). Nearly complete albeit fragmentary L2. It is composed of two different fragments that do not fit together: one represents the ventral half of the vertebral body and the second one comprises the dorsal half of the vertebral body and the neural arch. The neural arch lacks the transverse processes and it has suffered erosion of the upper articular facets and left pedicle. *Third lumbar vertebra (L3)* (VL2=AT-2589+AT-2591+AT-2594+AT-2657). Complete L3 except for the left transverse process, and a portion of the dorsal edge of the vertebral body. *Fourth lumbar vertebra (L4)* (VL3=AT-2588+AT-2658). Complete L4 except for the missing transverse processes. *Fifth lumbar vertebra (L5)* (VL5=AT-1128+AT-2659+AT-6055). Complete L5 that only lacks the right transverse process.

**Text S2. The determination of the Sima de los Huesos (SH) Pelvis 1 vertebrae and the vertebral formula of the SH hominins.** The vertebral formula of our species is: 7 cervical, 12 thoracic, 5 lumbar and 5 sacral vertebrae (7/12/5/5) in 57.5% of the individuals, and 7/12/5/6 in 22.1% of the individuals in a sample of 181 individuals. Thus, five is the modal number of lumbar vertebrae present in our species, although other variants exist in a lower percentage (1). On the other hand, modern humans show greater variation in the number of coccygeal vertebrae, but the highest frequency in a sample of 109 individuals corresponds to a number of four (59.5%) and five (33.9 %) elements (1).

There is an ongoing debate regarding the evolution of the vertebral formula in the hominin lineage. All hominins show seven cervical vertebrae, which is the number of vertebrae for nearly all mammals. Based on different modern hominoid species as well as the fossil skeletons of *Australopithecus africanus* (Sts 14, Stw 431) and *Homo ergaster* (KNM-WT 15000), some authors propose the presence of 12 thoracic and six lumbar vertebrae in *Australopithecus* and early *Homo* (1-4) while others defend the existence of 12 thoracic and only five vertebrae in these species (5). Besides, it seems likely that four was the modal number of sacral vertebrae in these species (4).

Regarding *Homo neanderthalensis* only the partial skeleton of Kebara 2 preserves the entire vertebral column, and its vertebral formula is 7/12/5/5 (6). Although, not as complete as Kebara 2, other Neandertal individuals preserve substantial portions of their vertebral column (i.e., La Chapelle-aux-Saints, La Ferrassie 1, Régourdou 1, Shanidar 2, Shanidar 3). Although some of these individuals present anomalies in the vertebral column (7), most scholars do not question that the vertebral formula of Kebara 2 (7/12/5/5; i.e., that of our species) would be the modal for *Homo neanderthalensis* (7- 10).

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The SH Pelvis 1 individual preserves its last five presacral vertebrae and its sacrum is formed by six elements. Regarding the presacral vertebrae, all of them show lumbar characteristics: parasagittally oriented articular facets, absence of articular facets for ribs in the vertebral body, and presence of transverse processes.

With regard to the SH Pelvis 1 sacrum, S1 is completely sacral in form. The body of the S1 vertebra shows incomplete fusion to the second vertebral body and it shows a "second promontory" between these two vertebrae. This morphology of the S1-S2 junction is shared by all the other SH sacra that preserve the first two sacral vertebral bodies (AT-1005, AT-322 and AT-3711+AT-4200+AT-4350). On the other hand, the last and sixth element is conspicuously coccygeal in form when compared to modern humans and the morphology of the SH AT-6239 first coccygeal vertebra. Additionally, this last and sixth element's body shows incomplete fusion, both in the ventral and dorsal surfaces, to the fifth sacral vertebral body. The lateral transverse processes of the sixth sacral element are broken, so it is unknown if this element would have formed a sacral foramina. Besides, the SH AT-1005 sacrum shows only five sacral elements, showing the last one analogous shape to the fifth sacral element of SH Pelvis 1. It is therefore concluded that the sixth vertebral element represents the partially sacralized first coccygeal vertebra. In addition, the SH sample suggests that the caudal spine of the SH population was composed at least of three coccygeal elements: SH remains corresponding to the first (presence of cornua and transverse processes; SH AT-1570, AT-4308 and AT-6239), middle (two articular joints; AT-1830, AT-4306 and AT-6240), and the last or apical (one joint and one rounded apical extreme; AT-3853) vertebrae have been identified.

Until new evidence is found, our working hypothesis is that the vertebrae associated to Pelvis 1 represent the L1-L5 segment, the sacrum is composed of five sacral vertebrae and a partially fused first coccygeal vertebra. Thus, we propose the formula 7/12/5/5/≥3 as the modal vertebral formula for the Middle Pleistocene SH spine. This pattern, shared by Neandertals and modern humans, was likely present in the last common ancestor of the *H. neanderthalensis* and *H. sapiens.*

**Text S3. Reconstruction of SH Pelvis 1.** SH Pelvis 1 was recovered in six fragments during the 1994 Atapuerca field season: (*i*) AT-1000. Left ilium and ischium with the auricular surface perfectly preserved; (*ii*) AT-1000. Almost complete left pubis with limited or no physical contact either with the ilium or the ischium of the same side; (*iii*)

and (*iv*) AT-1001. Right ilium and ischium plus a small fragment of the ischio-pubic ramus with no contact between them. The auricular surface is partially preserved and fractured; (*v*) AT-1002. Right pubis without actual articulation with the right ilium or ischium; (*vi*) AT-1003. Sacrum with intact auricular surfaces. None of these elements is affected by plastic deformation, and therefore no restitution process was needed. To avoid manipulation of the original fossil specimens, a high-resolution epoxy resin cast was used. The main concern of this new reconstruction was to minimize the asymmetries relative to the sagittal plane of the pelvis. This has been done by mirror imaging, as well as comparative anatomical criteria. The reconstruction was achieved in two steps: first, completing the regions of the six isolated fragments that do not determinate/participate in the reconstruction of the final pelvic ring shape, and second, articulating these fragments and completing the missing portions of the pelvic ring.

*Reconstruction of the isolated fragments***.** *ASIS*. The area surrounding the ASIS is better preserved in SH Pelvis 1 than it is commonly seen in most human fossil hip bones. However, the most anterior-superior region of both iliac blades is affected by irregular breakages. Using as references two additional SH specimens (AT-1004+AT-1829+AT-6235 and AT-659+AT-3817) and the Kebara 2 pelvis, we have reconstructed the missing regions, including the anterior projection of the ASIS, following the curvature of the preserved portions of the anterior and anterior-superior margins of the iliac blade. *Sacro-iliac region*. This region is almost complete in the left os coxae; minor reconstruction was needed, preserving the anatomical consistency with the adjoining regions. The right os coxae was subsequently completed by mirror imaging of the left side. *Ischial spines*. This region is poorly preserved, even in modern osteological collections. The SH Pelvis 1 spines are broken close to their basal part, but they still preserve the distinctive inflection of the curvature in their caudalmost part. No other SH remain in the sample has better preserved ischial spines than Pelvis 1. In consequence, we have attempted a realistic reconstruction based on the present modern spine morphology, extending the caudal (in medial direction) and cranial (in caudomedial direction) edges of the preserved portions of the SH Pelvis 1 ischial spines until they meet each other. *Some minor regions of the ossa coxae*. Lesser reconstruction was attempted based on anatomical consistency and mirror imaging in small regions of the right and left iliac crest and fossa, in the cortical bone of the left ischial tuberosity and inferior ischial ramus, and in the eroded right acetabular rim and left AIIS. *Sacrum and coccyx*. Major reconstruction of the lateral parts of the third, fourth and fifth sacral vertebrae has been attempted. This has been done by mirror imaging, and comparative anatomy from modern humans, and Kebara 2 and Shanidar 3 Neandertals. In addition, reconstruction of the promontory and the cranial portions of the medial crest was assessed by comparing the morphology of this individual and that of the AT-1005 specimen from SH. Besides, minor reconstruction was made on both sides, regarding the lateral crests and the sacral tuberosities. The partially sacralized first coccygeal vertebra was easily completed by mirror imaging of the right side. Their transverse processes have not been cranio-laterally extended up to join the caudal lateral portion of the fifth sacral vertebrae, although this could have been the case. Two additional caudal elements have been added to complete the coccyx. This has been roughly done scaling the morphology of three specimens from SH representing middle and apical coccygeal vertebrae (AT-1830, AT-4306 and AT-3853).

*Reconstruction of the pelvic ring.* The articulation of the six isolated elements and subsequent completion of the pelvic ring has been attempted by joining first those elements that fit better and show less movement. In consequence, we began by connecting the ilia to the sacrum, and then, closing the anterior wall of the true pelvis by

articulating the pubic bones. (*i*) *Sacro-iliac joints.* The two major fragments representing the right (AT-1001) and left (AT-1000) ilia and ischia of SH Pelvis 1 can be directly articulated with the sacrum (AT-1003) along their sacro-iliac joint surfaces. Articulation of the left ischium and ilium (AT-1000) with the sacrum (AT-1003) was the first to be performed. The joint between these elements shows a better preservation and much more reduced mobility than the right one. A plastic surface simulating the anatomical sagittal plane was then attached along the middle of the ventral surface of the sacrum. The AT-1001 fragment was next articulated with the AT-1003 sacrum, at the position where the best overall symmetry and anatomical coherence relative to the left side was achieved. (*ii*) *Anterior wall of the true pelvis*. The two pubic bones (AT-1002 and AT-1000) and the right ischio-pubic ramus fragment (AT-1001) show none or limited contact with the other portions of their respective ossa coxae. The left pubis (AT-1000) was first connected to its side-corresponding ilium and ischium. This fragment preserves a small anterior portion of the lunate surface and the fossa of the acetabulum. Therefore, its position can be very precisely set taking into consideration several criteria: (*a*) the anatomical consistency of the ischiopubic ramus compared to that of another left male SH pubic bone (AT-2500+AT-4292+AT-6236) and the wellknown modern male anatomy, (*b*) the sagittal position of the symphyseal surface, and (*c*) the dimensions and morphology of the acetabulum. Regarding the last criterion, the acetabulum can be reasonably well reconstructed considering (*1*) the shape of the lunate surface as a whole, and (*2*) the metrical relationship between the vertical and horizontal diameters (following ref. 11). The vertical diameter of the Pelvis 1 left acetabulum can be measured on the original (58.8 mm), but the horizontal dimension has to be estimated. We first considered the ratio between the horizontal/vertical acetabular diameters in two modern European male samples [Portuguese =  $0.99 \pm 0.35$  ( $n = 202$ ) and Medieval Spaniards =  $0.94 \pm 0.36$  ( $n = 33$ )], in Kebara 2 (0.91) and in Krapina Cx.3+Cx.6 (0.92). Additionally, a regression line of the horizontal acetabular diameter (HAc) on the vertical one (VAc) was calculated for each recent human sample:

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- European (Portuguese) HAc =  $8.316 + 0.833$  VAc ( $n = 202$ ); r = 0.8
- European (Medieval Spaniards) HAc =  $8.32 + 0.79$  VAc  $(n = 33)$ ; r = 0.8

Considering both the ratios and the regressions, we obtain a horizontal acetabular mean range for Pelvis 1 at 53.5-57.9 mm. Finally, considering the other anatomical issues, we adopted 56 mm for the horizontal acetabular diameter of our Pelvis 1 reconstruction (horizontal/vertical acetabular diameter ratio  $= 0.95$ ).

No compensation was made for the symphyseal cartilage. However, the somewhat ventral-facing symphyseal surfaces permit to attach a 3 mm-thick cartilaginous layer between the anterior parts of the pubic symphyses. This thickness is in agreement with observations on present populations (12).

After locating the left pubic bone, the right pubis (AT-1002) and the ischio-pubic ramus fragment (AT-1001) were subsequently articulated by mirror imaging relative to the left side. Finally, the complete restoration of the absent right superior pubic ramus was also performed through mirror imaging.

**Text S4. Stature, body mass and encephalization quotient (EQ) calculation.** In previous works (13, 14), we assigned two femoral fragments from SH (AT-432 and Femur X) to SH Pelvis 1. These remains were used to estimate the stature and body mass of this individual. However, Femur X was not a complete bone, and its maximum length (MFL) was estimated on the basis of the femoral head diameter (FHD) using a

general regression equation proposed by McHenry [MFL = FHD x  $6.0642 + 155.3$ , r = 0.73 in ref. 15], and another one calculated by us from a European (Portuguese) sample of 70 modern male thighbones (MFL = FHD x  $6.43 + 146.02$ ;  $r = 0.65$ ). According to these formulae, the MFL of Femur X was between 473 and 480 mm. We took 475 mm as the most likely value, also taking into account the relative position of various anatomical markers. This estimation assumes that the SH humans have similar joint proportions as recent humans. Fortunately, the SH sample has grown enormously and the missing portion of Femur X was recovered during the 2003 field season. The maximum length of Femur X measured directly on the now complete bone is 458 mm, almost 2 cm below our original estimate. Femur X presents a large femoral head relative to its length in comparison with various modern human means, thus leading to the overestimation of its length using the femoral head.

Moreover, one right and one left additional SH femora (Femur XII and XIII,  $MNI = 1$ ), recovered from the SH site after the publication of Pelvis 1, could also be assigned to Pelvis 1 on the basis of anatomical congruency (large size and robusticity) between the femoral head and the acetabulum. Thus, from the lengths of these three femora (Femur  $X = 458$  mm, Femur XII = 450 mm, Femur XIII = 450 mm), the single bi-iliac breadth of the revised reconstruction of Pelvis 1 (335 mm), and three different regression equations to estimate the stature (one modern multiracial and two white modern male equations from refs. 16-18), we have obtained an average stature range of 168.9-171.2 cm. From the uppermost and lowermost values of this range (168.9 and 171.2), and two modern male regression equations in refs. 19, 20, we have obtained a body mass range of 90.3-92.5 kg. The adult SH cranial capacity range is  $1,100$  (Cranium 5) –  $1,380$ (Cranium 4)  $\text{cm}^3$  (ref. 21; p. 170). Using Martin's equation for the EQ (22) and relying on the upper- and lowermost values of the adult endocranial volume and body mass ranges, the resultant EQ is 3.1-3.2 based on Cranium 5 and 3.9-4.0 based on Cranium 4.

**Text S5. Pelvic canal shape.** *Comments to Weaver and Hublin (23). Regarding the shape of the outlet in modern populations*. As mentioned in the main text, our results show that the shape of the outlet is extremely variable both in modern males and females (*SI Appendix*, Fig. S4), contrary to the assertion that modern humans "typically have [...] anteroposteriorly oval outlets" (ref. 23; p. 8151). *Regarding the primitive shape of the outlet in hominins.* Weaver and Hublin proposed that a transversely oval outlet appears to be the primitive shape in hominins (23). However, the outlet shape in modern humans is quite variable, and the SH Pelvis 1 and (probably) Gona pelvis are not significantly different from modern humans in their outlet index values (*SI Appendix*, Fig. S5). Therefore, our results on these individuals do not support the conclusion of these authors. *Additional Pelvic Remains. Jinniushan (China).* The female left hip-bone from Jinniushan (Middle Pleistocene, China) has been argued to represent the archaic condition in *Homo* (24). Rosenberg and coworkers attempted to reconstruct the pelvic inlet shape and bi-iliac breadth, obtaining a pronounced oval inlet shape (Inlet index =  $73\%$ ) (25). Although, they did not deal with the shapes at the midplane and outlet, mirror imaging of Figure 2 of their work yields a reconstruction of the pelvis in superior view that clearly shows mediolaterally (M-L) marked oval midplane morphology (25). In our opinion, this tentative and limited evidence agrees with the pattern of sexual dimorphism described in the present study with archaic *Homo* females, like Jinniushan, showing more platypelloid midplanes than in the male SH Pelvis 1. *Kebara 2 (Israel).* Tague notes that the male Neandertal pelvis from Kebara 2 shows a notably low index of pelvic funnelling (outlet circumference x 100/inlet circumference) relative to modern males (26). Our study on the original Kebara 2

material shows a remarkable crushing in anterior-posterior direction of the whole sacrum that results in an anomalous flat and straight morphology that differs from the typical curvature of modern humans, SH Pelvis 1 and Shanidar 3 sacra. Among other consequences, this has probably modified the actual sagittal dimensions of the pelvic canal. Therefore, this specimen has not been considered when analysing the morphology of the bony pelvic canal in the present study. *Ponce de Leon and coworkers' reconstruction of Tabun C1 (Israel) (27).* The birth canal reconstruction of the Tabun C1 Neandertal done by Ponce de Leon *et al.* (27) clearly differs from that of Weaver and Hublin (23). In their Tabun C1 reconstruction, Ponce de Leon and colleagues assumed (without justifying) a modern human-like birth passage in Neandertals (i.e., rotational birth) and subsequently considered that the A-P outlet dimensions were constrained by the maximum length of the Mezmaiskaya skull (27). This assumption precludes including this reconstruction when dealing with the shape of the pelvic canal in the present study (also noted by ref. 23). On the other hand, Weaver and Hublin performed the Tabun C1 pelvis reconstruction from the preserved fossil portions of this specimen alone (23).

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**Text S6. Measuring methods of the anatomical parameters involved in the sagittal spino-pelvic balance.** *Sacral anatomical orientation (SAO)* (*SI Appendix*, Fig. S6A). *Definition*: this angle was defined by Peleg and coworkers (28), with the goal of introducing a new technique to define the sacrum orientation in skeletal material. It assumes that the two ASIS and the pubic crest are located in the same coronal plane when in normal anatomical position. The SAO is the angle between the intersection of the line running from the most anterior and posterior midsagittal points of the sacral plate, and the plane running from the two ASIS and the anterior-superior border of the pubic symphysis. *Measuring method*: Mimics 13.0 software (Materialise) was used to carry out the 3D CT reconstruction of Pelvis 1 and, subsequently, the registration of the landmark coordinates. Using a geometrical technique akin to that of Peleg and coworkers (28), we first registered the three points that define the previously mentioned coronal plane [i.e., the two ASIS (a, a'), and the most anterior-superior point of the border of the pubic symphysis (b)]. Next, we registered the most anterior [i.e., sacral promontory (c)] and most posterior (d) points of the sacral plate in the midsagittal plane. Due to the slightly fragmentary state of the promontory and to the "dome-shaped" sacral plate of Pelvis 1 (29), two different measures of the SAO angle were calculated based on two different landmarks at the anterior part of the sacral plate: (*i*) the one in the preserved portion of the fossil that more closely resembles the actual position of the promontory, and (*ii*) the one resulting from minor reconstruction of the promontory. The angle between the intersection of the coronal plane and the sacral line  $(SAO,\alpha)$  is also the angle between the normal vector of the plane  $\overline{n}$ ) and the direction vector of the line  $(\bar{b})$ . Once the coordinates of these vectors are calculated (using the landmark coordinates), the SAO is obtained as follows:

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SAO(^{\circ}) = \arcsin \frac{\overline{n} \cdot \overline{b}}{|\overline{n}| |\overline{b}|}
$$

*Pelvic incidence (PI)* (*SI Appendix*, Fig. S6A). *Definition*: this angle was originally defined on the basis of X-ray images by Duval-Beaupère and collegues as the angle between the line perpendicular to the sacral plate at its midpoint and the line connecting this point to the center of the bicoxo-femoral axis (30). More recently, Peleg and coworkers have developed a method to measure it in skeletal material, replacing the axis of the femoral head for the biacetabular axis (28). *Measuring method*: PI was measured in SH Pelvis 1 and Pelvis 2. This was done by means of Mimics 13.0 software (Materialise), using a 3D CT reconstruction (Pelvis 1) and a surface scan (Pelvis 2), from which registration of the landmark coordinates were recorded. Four points were registered: first, two at the deepest (most medial) part of each acetabular fossa, defining the acetabular axis that determines the axis midpoint (M). Second, two at the most anterior (c) and posterior (d) points of the sacral plate in the sagittal plane. These two latter points were also used to calculate the midpoint (center) of the sacral plate (O). Note that, as in the SAO calculation, two different landmarks were considered at the anterior sacral plate margin when calculating the PI value of Pelvis 1: (*i*) the one obtained without reconstruction of the small damaged portion of the sacral promontory, and (*ii*) that obtained on the reconstruction. Subsequently, PI (β) was defined as the angle between the line connecting the midpoints of the acetabular axis (O) and the sacral plate (M), and that defined by the points (c) and (d). This was done by means of the cosine of the angle  $(\theta)$  between two vectors (for detailed mathematical formulation see ref. 28; p. 972):

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 $PI({}^{\circ}) = 90$ - arccos $\theta$ where,  $cos\theta = cos\alpha_{MO} \cdot cos\alpha_{cd} + cos\beta_{MO} \cdot cos\beta_{cd} + cos\gamma_{MO} \cdot cos\gamma_{cd}$ 

*Vertebral wedging* (*SI Appendix*, Fig. S6B). *Definition*: we have followed the definition in ref. 31 to calculate the vertebral wedging angle from the formula:

> *Vertebral wedging*<sup>( $\circ$ </sup>) = 2 arctan ( $Y/X$ ) where,  $X =$  Anteroposterior height  $Y = (Posterior height - Anterior height)/2$

The *SI Appendix*, Table S6 shows the "anteroposterior height" as the "cranial dorsoventral diameter" (M4 from Martin's number in ref. 32), whereas the "posterior and anterior heights" are respectively referenced as the "dorsal" and "ventral craniocaudal diameters" (M2 and M1 from Martin's number in ref. 32, respectively). *Measuring method*: direct measurements were taken with standard sliding callipers (0.1 mm precision) on the bones/fossils.

**Text S7. CT and surface scan information.** A 3D CT reconstruction of the articulated Pelvis 1 using Mimics 13.0 software (Materialise) were performed (CT-scan parameters: 0.5 mm slice increment, 160 kV, 4 mA, 1,024 x 1,024 matrix, 0.29291016 mm pixel size). Additionally, a 3D surface scan of the articulated Pelvis 1 was achieved (Konica Minolta 3D Laser Scanner VI-9i; Precision: 0.25 mm, Resolution: 640 x 480 pixels). We also performed a CT-scan of the original Pelvis 1 sacrum (AT-1003) (CTscan parameters: 0.2 mm slice increment, 160 kV, 4 mA, 1,024 x 1,024 matrix, 0.18081227 mm pixel size). In addition, a 3D surface scan of the SH Pelvis 2 was done (Next Engine Desktop 3D Scanner, Precision: 0.38 mm, Resolution: 75 dpi). Finally, we also made a 3D CT reconstruction (Mimics 13.0 software, Materialise) of a male medieval human coming from the Sepulveda Church Collection from Segovia, Spain (CT-scan parameters: 0.5 mm slice increment, 160 kV, 4 mA, 1,024 x 1,024 matrix, 0.29291016 mm pixel size).

# **Supporting Information II: Figures**

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**Figure S1**. Reconstruction of SH Pelvis 1 according to (*A*) ref. 13 in anterior (*Left*) and superior (*Right*) views, compared to (*B*) that from the present study in anterior, posterior, superior, inferior and lateral views (from *Top* to *Bottom*, and *Left* to *Right*).



**Figure S2.** State of the characters used to assess the developmental stage and age-atdeath of the SH Pelvis 1 individual: (*A*) Pubic symphysis showing mostly eroded rim, partial destruction and lipping at the dorsal margin (*Left* arrow), and some pitting on the symphyseal surface (*Right* arrow). (*B*) Auricular surface showing the absence of billowing and advanced formation of dense bone (arrow). (*C*) Acetabulum. The fossa is deep and intensively covered with micro- and macroporosity (upper arrow) and the lunate surface shows pronounced osteophytic activity at the apex (lower arrow).



**Figure S3.** Intrapopulation variation and sexual dimorphism within the SH pelvic sample. Modern dimorphic traits are related to the fossil variation of the SH sample: (1- 1') Greater sciatic notch aperture; (2-2') Composite arch (presence/absence); (3-3') Development of the subpubic concavity and ventral rampart, subpubic angle, and shape of the pubic body. Note that although differences between SH female-like and male-like morphologies are conspicuous (mainly between the 1-1' and 3-3' character states), they are not as remarkable as between sexes in modern humans. SH material:  $\varphi$  = Coxal III (ilium + ischium) and AT-1006 (pubis);  $\delta$  = AT-1000 (SH Pelvis 1). Scale bars = 2 cm.



**Figure S4**. Modern pelvic canal shape defined from bivariate plots of the sagittal (A-P) to the transverse (M-L) diameters in the (*A*) inlet, (*B*) midplane and (*C*) outlet. Dashed lines separating oval transverse shapes (*Bottom Right* corner) from oval sagittal shapes (*Top Left* corner). Despite morphological similarities between females and males for all planes (inlet: M-L oval shape; midplane: A-P oval shape; outlet: variable for both sexes), females show significantly more pronounced transverse oval shapes than males in the midplane and outlet (*t* test;  $P < 0.0001$  and  $P < 0.001$ , respectively). Definition of the sagittal and transverse diameters from ref. 26. Data from one European (Portuguese) sample [*n* (♂) = 125; *n* (♀) = 130].



**Figure S5.** Inlet, midplane and outlet indices for three pelvic fossils and the modern comparative sample. All indices calculated from (sagittal/transverse diameters) x 100 in the inlet, midplane and outlet. Definition of sagittal and transverse diameters from ref. 26. Dashed line separating sagittal oval shapes (index > 100%) from transverse oval shapes (index  $\leq 100\%$ ) of the pelvic canal. Modern data from a European (Portuguese) sample  $[n \text{ (males)} = 125; n \text{ (females)} = 130]$ . The midplane index value of SH Pelvis 1 is calculated from the reconstruction of its ischial spines. The value of the SH Pelvis 1 midplane index without reconstruction of its spines is also  $> 100\%$  (i.e., sagittal oval shape) (see *SI Appendix,* Table S2). Tabun C1 and BSN49/P27 data from refs. 23, 33, except (\*) representing maximum outlet index of BSN49/P27 calculated using the value of its sacral midplane diameter as the highest value for its sagittal outlet diameter [sagittal midplane diameter > sagittal outlet diameter in 94.5% of the individuals in the European (Portuguese) modern sample (*n* = 255)].



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**Figure S6.** Calculation of the (*A*) sacral anatomical orientation (SAO, α), pelvic incidence (PI, β) and (*B*) vertebral wedging angles. See *SI Appendix*, Text S6 for detailed definition of landmarks and variables.



**Figure S7.** Pathological signs of L4 and L5 vertebrae of the SH Pelvis 1 individual. (*A*) Left lateral (a1) and caudal (a2) views of L4, showing its extreme ventral wedging and the extensive remodelling of its spinous process (arrow). (*B*) L5 vertebra. Its left lateral view shows the conspicuous remodelling of the body (b1) and the additional articular facet under the left pedicle (b2). The very large lytic lesion and the peripheral reaction (white triangles) are depicted in the lateral X-ray image (*Top*) and in the caudal view of the original (*Bottom*) (b3). Note the position of its spinous process relative to the midsagittal plane and the absent left lamina (arrow), in caudal view (b4). The left surface of its spinous process surface does not show sutures or fractures to the lamina (b5).



**Figure S8.** Sacrum of SH Pelvis 1 (AT-1003). (*A*) Differences in shape and size between the left and right auricular surfaces (in purple) and superior articular processes (in gray). (*B*) Midsagittal CT scan image showing the dome-shaped sacral plate (dotted line) and the dorsal rotation of the first sacral body (S1) relative to the body of the second vertebra (S2) (solid lines), that results in a "second promontory".



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Figure S9. Anterior view of Pelvis 1 (surface scan rendering), showing the nonparallel orientation of the biacetabular axis (horizontal, dashed lines) and the sacral plate (left tilted, solid line). In addition, the right (\*) and left (\*\*) acetabuli demonstrate similar osteophytic formation in the iliac part of the acetabular rim, coupled with micro and macroporosity in the dorsal half part of the acetabular fossa.



**Figure S10.** A schematic view of the sagittal thoracic, lumbar and pelvic configurations proposed in this study: (*A*) modern *Homo sapiens*. (*B*) Neandertal lineage [kyphotic vertebral bodies in L1-L4 (hypolordotic spine) (upper arrow); more horizontally oriented sacral plate (lower arrow)]. (*C*) SH Pelvis 1 individual depicted both without (*C1*) and with (*C2*) compensatory mechanisms, following refs. 34-36 [arrows from *Top* to *Bottom*: extremely kyphotic vertebral bodies in L2-L4; Baastrup disease in L4-L5; spondylolisthesis between L5 and S1].



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**Figure S11**. In situ reconstruction (plan) of the elements composing the SH Pelvis 1 individual. The first (L1) to fourth (L4) lumbar vertebrae arrangement is schematic and based on numerous fragments found around the figured area. The cave wall position corresponds approximattely to the the level where the pelvic bones and the fifth lumbar vertebra were found.  $T/U-14/15 = 0.5$ m-side squares of the SH excavation grid.

# **Supporting Information III: Tables**

### **Table S1. Inventory of the SH Pelvis 1 individual**



\* (a) Previously published in refs. 37, 38. (b) Previously published in ref. 13. (c) Previously referenced in ref. 39.

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### **Table S2. Comparative pelvimetry of the SH Pelvis 1 individual**

Measurements given in milimeters and sexagesimal degrees. Estimations in parentheses.

Z-scores calculated from the values of the present study Pelvis 1 reconstruction.

Male Z-score = (Fossil value - Modern male mean) / Modern male SD ; Female Z-score = (Fossil value - Modern female mean) / Modern female SD

(AIIS) Anterior inferior iliac spine; (ASIS) Anterior superior iliac spine; (PSIS) Posterior superior iliac spine; (PIIS) Posterior inferior iliac spine; (SD) Standard deviation. \*, *P* < 0.05 ; \*\*, *P* < 0.01

†Values correspond from *Left* to Right to 1) nonreconstruction and 2) reconstruction of the ischial spines of Pelvis 1 (see also SI Appendix, Text S3). Z- Scores calculated<br>using the values of the reconstruction of the sp

‡Pubic length / Ischial Lenght x 100.

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§Definition of variables from refs. 11, 26, 40-44.

Modern data from one European (Portuguese) sample, except for the "sacral lenght, curved", the "angulation of the sacrum" and the inlet, midplane and outlet circumferences<br>from an American pooled sample (see SI Appendix ;T

††Considering the first five elements of the sacrum.



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#### **Table S4. Summary of the most relevant lumbo-pelvic traits in fossil and modern humans**



(ASIS) Anterior superior iliac spine; (AIIS) Anterior inferior iliac spine; (DV) Dorsoventral. \*SH sample: flat surface; Arago 44: blunted surface. †From ref. 33, Fig. 3.

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#### **Table S5. Comparative values of the depth of the superior pubic ramus**



See *SI Appendix,* Tables S1, S8 for material information.

See *SI Appendix,* Table S2 footnote for modern Z-score calculation.

(SD) Standard deviation. Neandertal Z-score = (SH value - Neandertal mean) / Neandertal SD.

\*, *P* < 0.05 ; \*\*, *P* < 0.01

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†Superior pubic ramus section previously figured in ref. 13, Fig. 3.

‡Mean value between the left and right ossa coxae.

§Immature individuals (see *SI Appendix* , Table S8 for details).



### Table S6. Comparative osteometry of the SH Pelvis 1 individual's lumb

Measurements given in millimeters and sexagesimal degrees. Estimations in parentheses.<br>See *SI Appendix*, Table S8 for material information.<br>See *SI Appendix*, Table S2 footnote for modern Z-score calculation.<br>(DV) Doscov

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#### **Table S7. Sagittal spino-pelvic morphometry in modern humans**



See *SI Appendix,* Text S6, Table S8, Fig. S6 for material and methods information.

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(SAO) Sacral anatomical orientation; (PI) Pelvic incidence; (SD) Standard deviation. \*Positive and negative values indicate ventral (kyphotic vertebral bodies) and dorsal (lordotic vertebral bodies) wedging, respectively.

#### **Table S8. Comparative sample**

l.





*European American (Hamman-Todd)* 173 35 Pelvis and lumbar verterbrae Dry bone (Cleveland Museum of Natural History, Hamann-Todd Collection, Cleveland, USA) and ref. 28

SVN&S SV

*European American (Iowa)* 6 - Lumbar vertebrae Dry bone (Department of Anthropology, University of Iowa, Iowa City,

\*The pelvic region includes sacrum and os coxae.

†All specimens showing completely mature state (based on the epiphyseal closure, bone appearance, relative size, and modifications of the symphyseal and auricular surfaces), with the exception of: Coxal I (triradiate carti

USA)

(a) Previously referenced in ref. 60.

(b) Previously published in refs. 37, 38. (c) Previously published in ref. 13. (d) Previously referenced in ref. 39. ‡ See *SI Appendix* , Text S7

§Combined data from four Amerindians (Indian, Pecos Pueblo, Liben, Haida), one European American and one African American male populations (see ref. 44 for further details).

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