

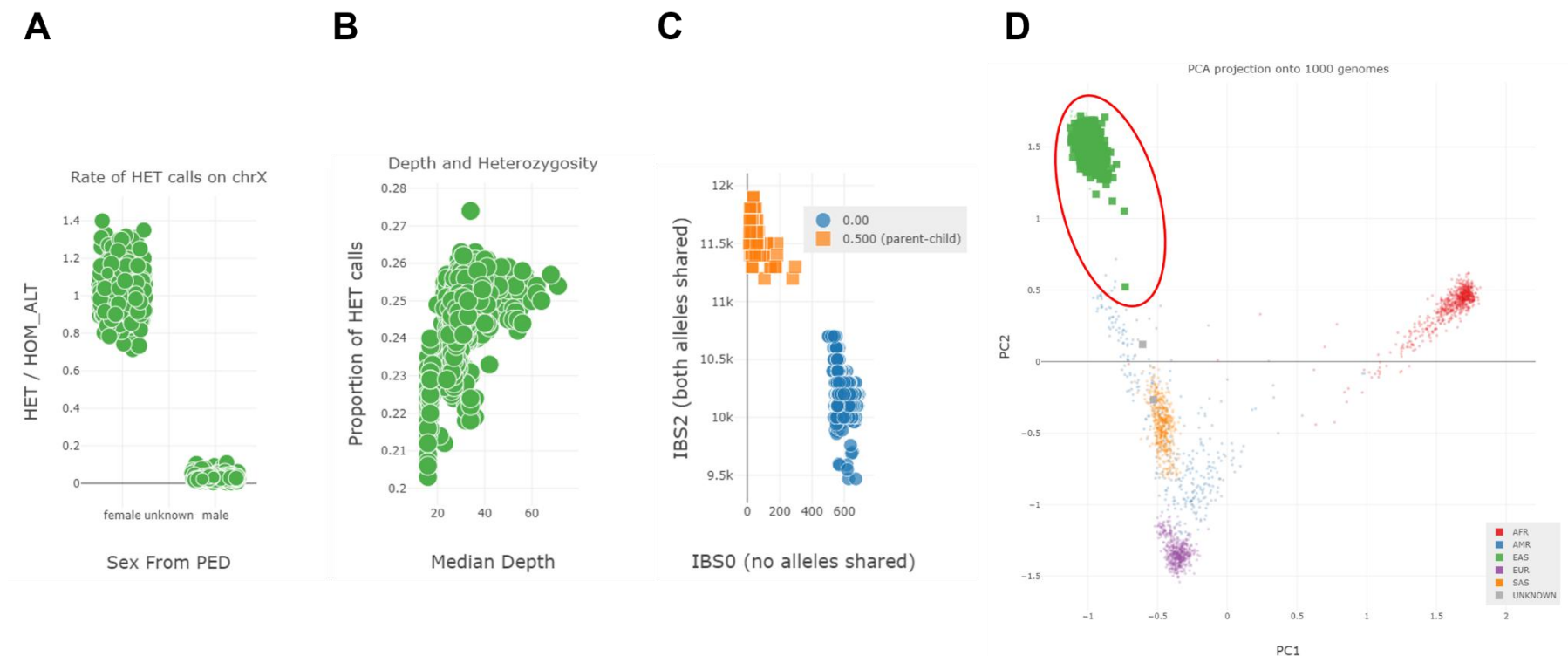


Fig. S1: Quality control and detection of sample anomalies using Peddy.

(A) The rate of heterozygous calls on the X chromosome for the identification of sex. **(B)** Distribution of median depth for the heterozygous calls. **(C)** Relatedness checks using the IBS (identity-by-state) plot. **(D)** Bold green dots indicate ancestry analysis results on the principal component analysis (PCA) plot. The results show that there were no violations of sex, reported relatedness, and sample quality in the tested 1,050 exomes.

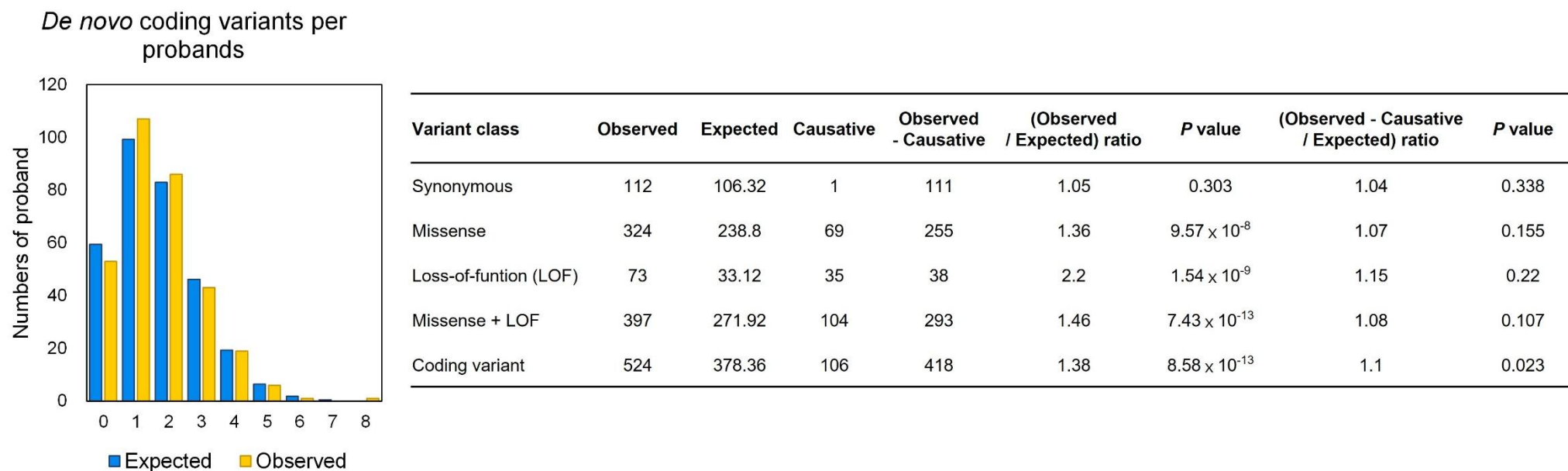


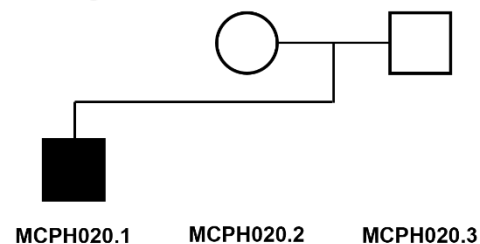
Fig. S2: *De novo* variant burden analysis in 316 trios.

We identified a total of 524 *de novo* protein-coding variants, comprising 468 single-nucleotide variants (SNVs), 55 insertions/deletions (indels), and one multi-nucleotide variant. The observed distribution of *de novo* variant counts per proband within coding regions closely aligns with the expected *Poisson* distribution. Importantly, causative variants showed a marked enrichment, particularly among loss-of-function variants, with a 2.20-fold increase ($P = 1.54 \times 10^{-9}$), predominantly driven by causative variants. These results highlight the significant role of *de novo* events in contributing to the burden of causative variants in this cohort.

MCPH020: Proband-only WES > Sanger PCR

HC Z score: -4.10

Global DD, Autistic behavior
Seizure, Visual defect



CTNNB1 c.1399C>T p.R467X

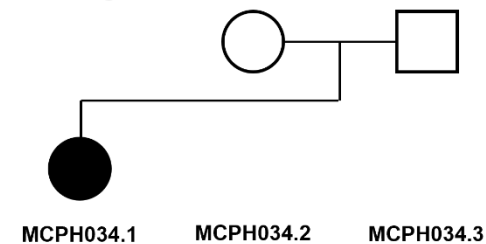
COL4A2 c.3089_3090del p.G1030Afs*41

MCPH020.1	MCPH020.2	MCPH020.3
C/T	C/C	C/C
WT/del	WT/WT	WT/WT

MCPH034: Proband-only WES > Sanger PCR

HC Z score: -5.80

Simplified gyral pattern
Global DD/ID
Early-onset epileptic encephalopathy
Autistic behavior, Bruxism
Involuntary movement
Corneal opacity



CYFIP2 c.260G>T p.R87L

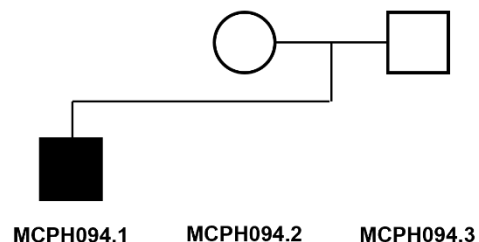
TUBB3 c.1207+2T>G splicing defect

MCPH034.1	MCPH034.2	MCPH034.3
G/T	G/G	G/G
T/G	T/T	T/T

MCPH094: Trio WES

HC Z score: -4.51

Agenesis of corpus callosum
Global DD, Seizure
Hearing abnormality



BPTF deletion

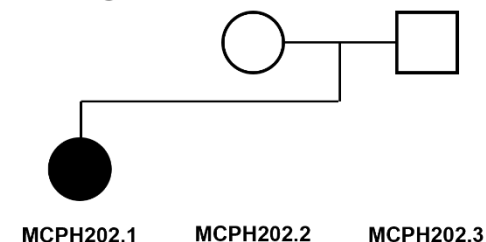
PAK3 c.1627C>G p.R543G

MCPH094.1	MCPH094.2	MCPH094.3
WT/del	WT/WT	WT/WT
G/-	C/C	C/-

MCPH202: Proband-only WES > Sanger PCR

HC Z score: -2.78

Diffuse brain atrophy
Severe retardation
Developmental arrest
Facial dysmorphism: large ear
Exotropia



DHX30 c.2428C>T p.R810W

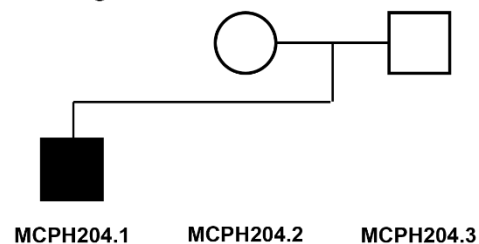
NALCN c.3452T>G p.M1151R

MCPH202.1	MCPH202.2	MCPH202.3
C/T	C/C	C/C
T/G	T/T	T/T

MCPH204: Proband-only WES > Sanger PCR

HC Z score: -2.88

Facial dysmorphism: coarse, large ear
Cerebellar atrophy
Global DD
Seizure
Infantile esotropia



NALCN c.4519_4520del p.Q1508Afs*20

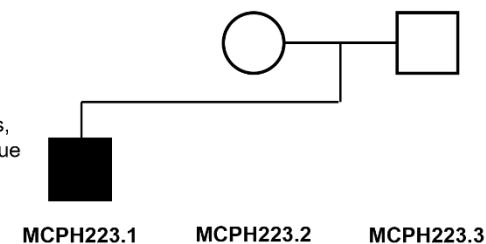
PMM2 c.307C>T p.R103X
PMM2 c.440G>C p.R147P

MCPH204.1	MCPH204.2	MCPH204.3
WT/del	WT/WT	WT/WT
C/T	C/C	C/T
G/C	G/C	G/G

MCPH223: Trio WES

HC Z score: -3.67

Facial dysmorphism: lip eversion, low set ears,
short philtrum, thick eye brow, protruded tongue
Thinning of corpus callosum
Global DD
Hearing loss
Atrial septal defect



KMT2A c.4819+1G>T splicing defect

ATRX c.622C>T p.R208C

MCPH223.1	MCPH223.2	MCPH223.3
G/T	G/G	G/G
T/-	C/T	C/-

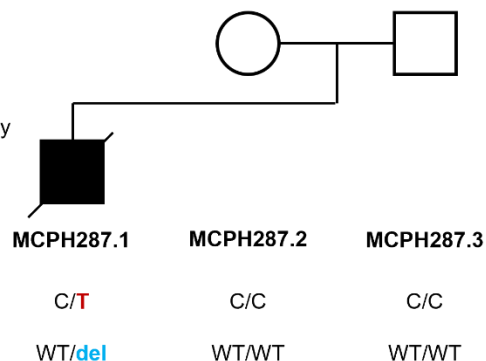
MCPH287: Trio WES

HC Z score: -6.08

Progressive brain atrophy with ventriculomegaly
Global DD, Seizure
Scoliosis
Cryptorchidism
Swallowing problem with tube feeding
Expired due to pneumonia

HK1 c.1367C>T p.T456M

CDC42 deletion



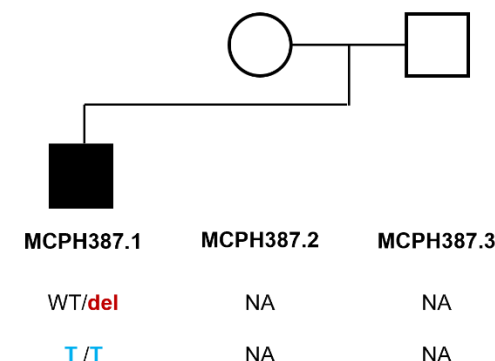
MCPH387: Proband-only WES

HC Z score: -3.62

Facial dysmorphism
ID, MR
Autistic behavior
Severe scoliosis
Congenital muscular dystrophy
Esotropia

BCL11A c.473del p.T158Ifs*4

CANT1 c.484G>T p.G162W



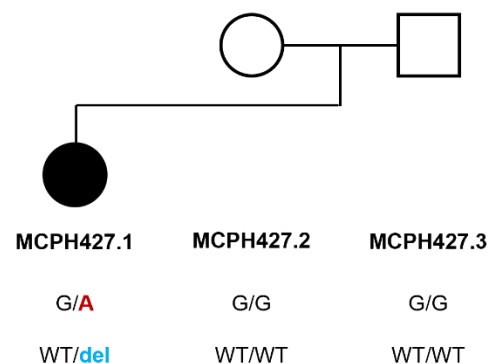
MCPH427: Trio WES

HC Z score: -3.23

MR
Autistic behavior
Developmental epileptic encephalopathy

RHOB2 c.1382G>A p.R461H

14q12 deletion



MCPH444: Trio WES

HC Z score: -2.82

Facial dysmorphism: large ear, hypertelorism
Plagiocephaly and torticollis
Global DD
Autistic behavior

PAX3 c.812G>A p.R271H

DDX3X c.905G>A p.R302H

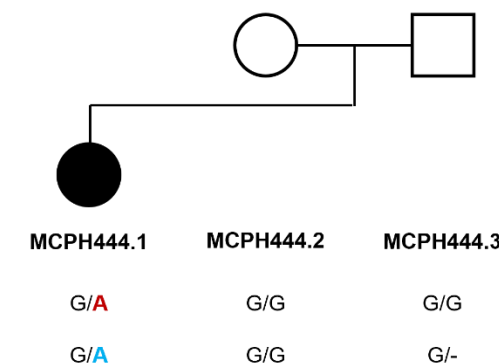
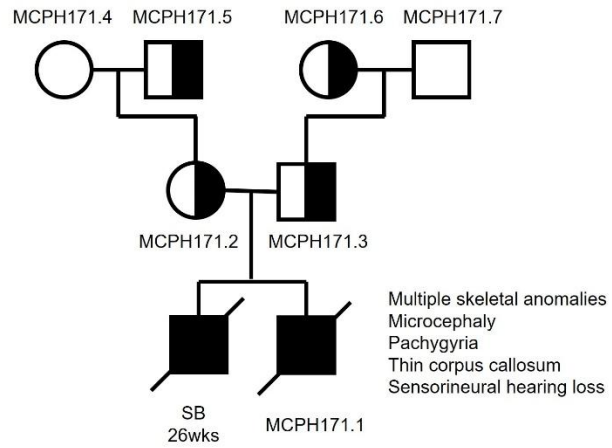
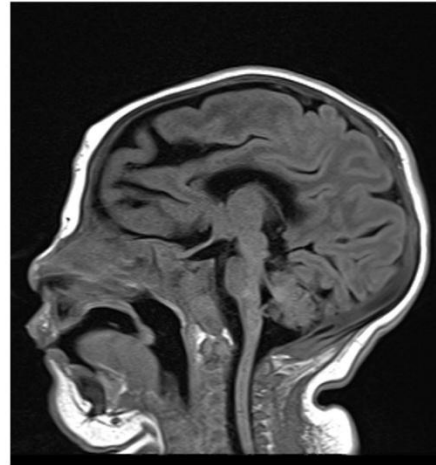
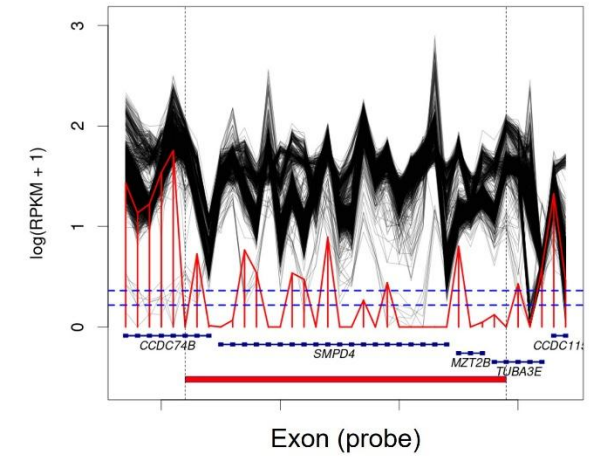


Fig. S3: Pedigree and genotype information for individuals with multi-locus pathogenic variations.

We identified 10 probands (2.4%) with multi-locus pathogenic variations (MPVs) in our cohort. These cases mostly exhibited syndromic features with phenotypic expansions or blended phenotypes of dual genetic disorders. The combinations included three cases of AD + AD, two cases each of AD + AR, AD + XL, AD + CNV, and one case of XL + CNV events.

A**B****MCPH171.1****C**Identified by HMZDelFinder
MCPH171.1**D**

Validation by genome sequencing

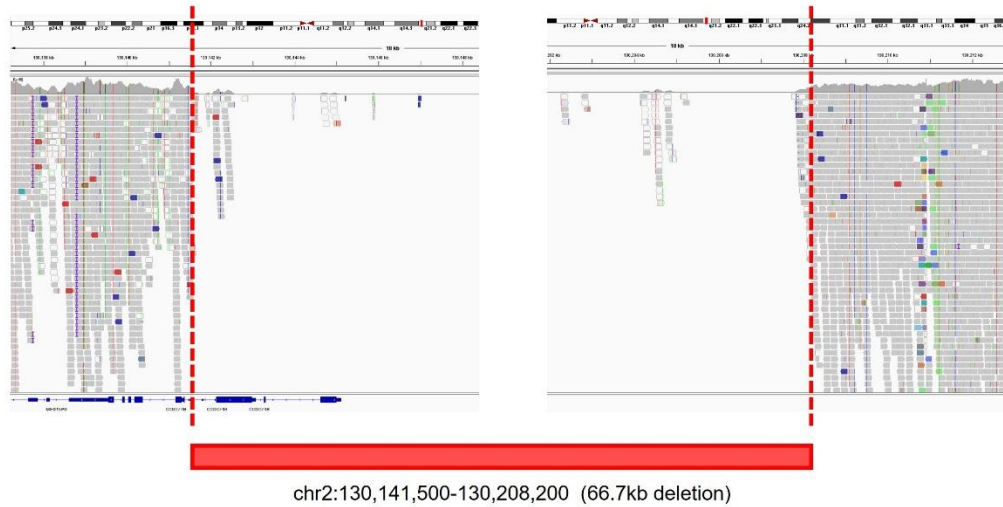
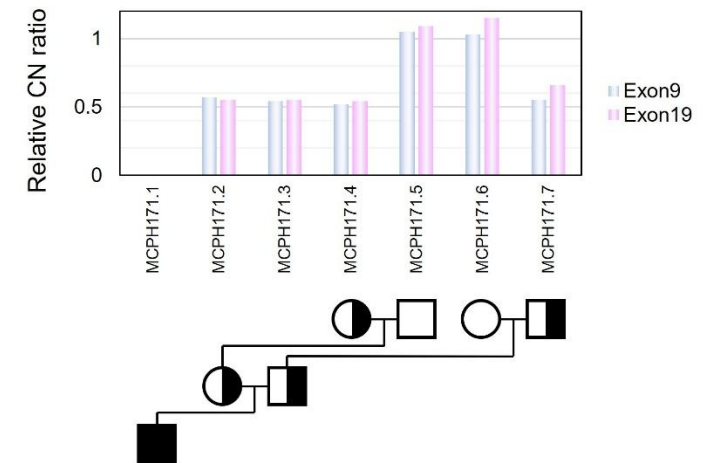
**E****SMPD4 gene dosage PCR**

Fig. S4: Identification of *SMPD4* homozygous deletion in a Korean family with recurrent pregnancy loss and perinatal death.

(A) Pedigree information and clinical characteristics of the affected patient (MCPH171). The parents experienced a stillbirth at 26 weeks with the first baby, who had pachygyria on brain sonography. The second baby (MCPH171.1) showed no abnormal prenatal history but presented multiple skeletal anomalies, microcephaly, pachygyria, thin corpus callosum, and sensorineural hearing loss soon after birth. **(B)** Brain MRI findings of the patient show pachygyria, microcephaly, and a thin corpus callosum. **(C)** Copy-number variant analysis using whole-exome sequencing (WES) data, facilitated by HMZDeFinder, identifies a homozygous deletion encompassing the entire *SMPD4* gene. **(D)** Integrative Genomic Viewer (IGV) findings from whole-genome sequencing (WGS, 30X) validated this deletion and identified its size (66.7 kb) and approximate breakpoints (chr2:130,141,500–130,208,200). Due to the highly polymorphic sequences around this region, exact breakpoints could not be determined. **(E)** Gene dosage PCR targeting exon 9 and exon 19 of the *SMPD4* gene confirms the copy number status of the family members spanning three generations. This deletion was transmitted from the maternal grandmother (MCPH171.4) to the mother (MCPH171.2) and the patient's paternal grandfather (MCPH171.7) to the father (MCPH171.3). Identifying the genetic cause and following genetic counseling could help the parents perform preimplantation genetic testing (PGT) and plan for a third baby, as they had given up on pregnancy due to their recurrent history.

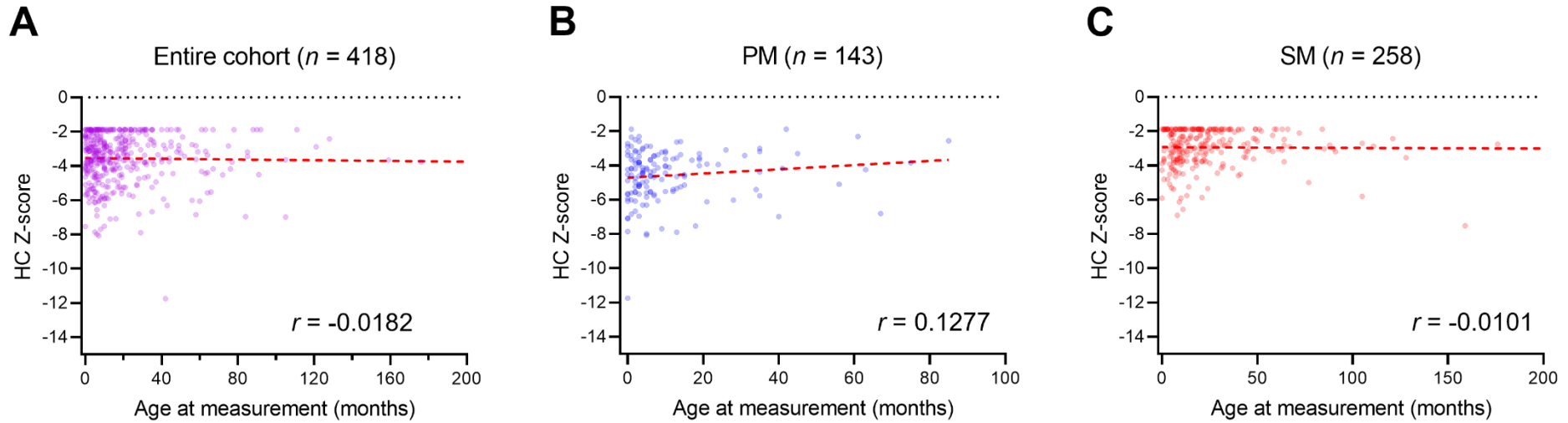
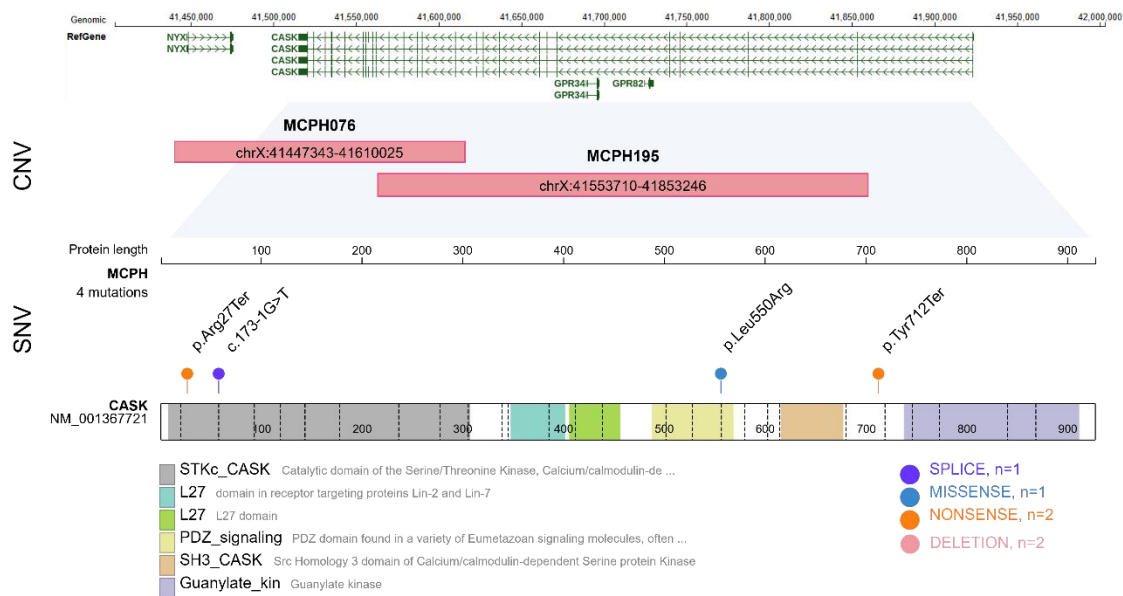


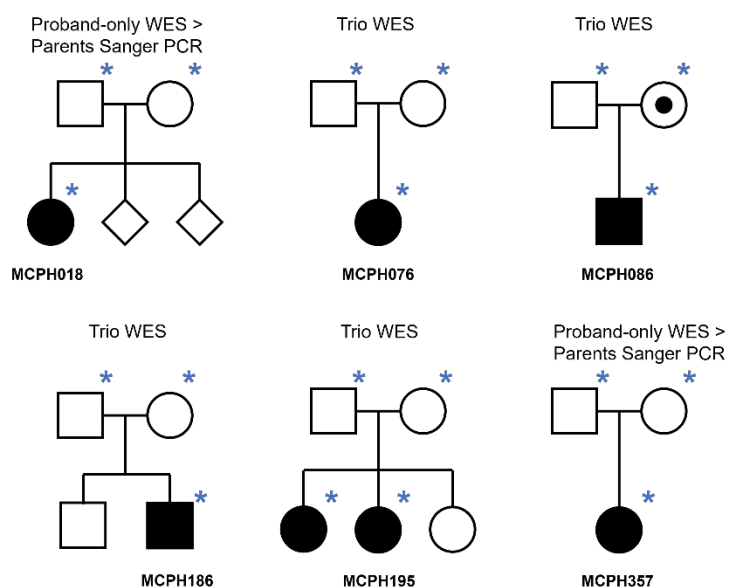
Fig. S5: Correlation analysis between head circumference and age at measurement.

(A) Scatter plot of head circumference (HC) Z-scores vs. age at measurement across the entire cohort reveals no significant correlation, with a negligible *Pearson* correlation coefficient ($r = -0.0182$). **(B, C)** Age at measurement shows no significant correlation with microcephaly severity in both the primary microcephaly (PM) and secondary microcephaly (SM) groups, with *Pearson* correlation coefficients (r) of 0.1277 and -0.0101, respectively.

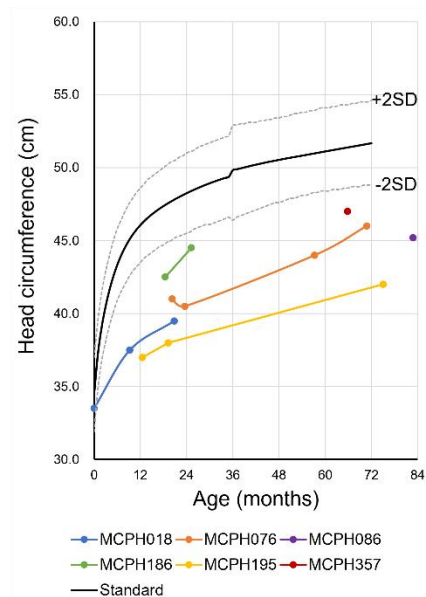
A



B



C



D

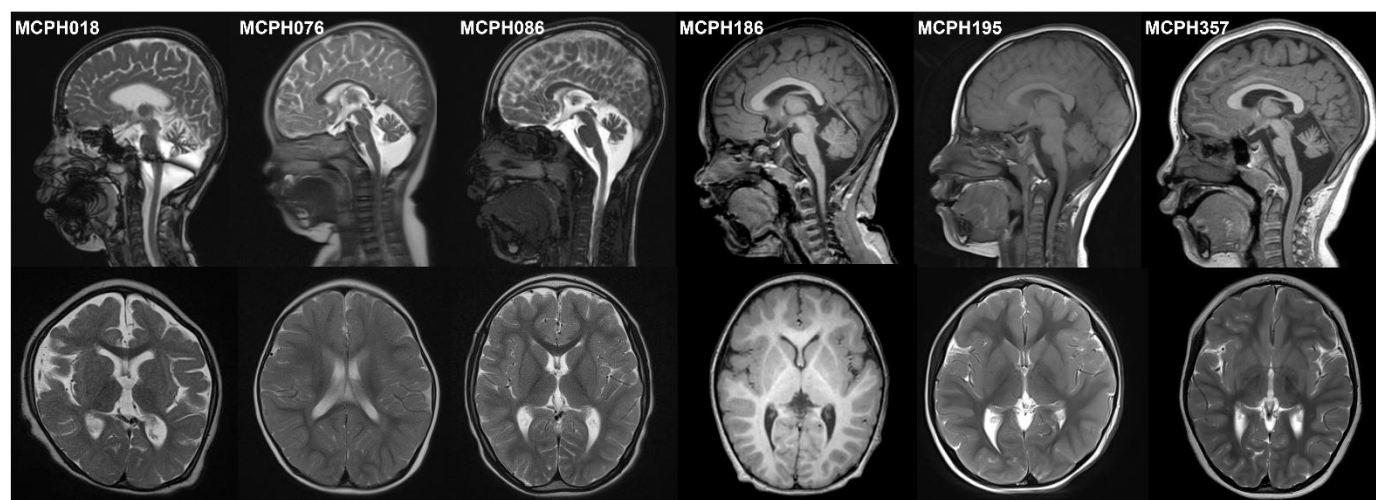


Fig. S6: *CASK*-related disorders are associated with severe microcephaly.

(A) Schematic of variants identified in *CASK*, the third most frequently altered gene in our cohort ($n = 6$, 2.4%). The variants include two large deletions and four single-nucleotide variants (SNVs). **(B)** Pedigrees of the six individuals with *CASK* variants. Blue asterisks denote samples tested for genotype. All variants were *de novo* except for the p.Leu556Arg variant in MCPH086, which was maternally inherited. The female (MCPH195) with a *de novo* Xp11.4 deletion (300 kb) had a similarly affected older sister with the same deletion, suggesting potential parental germline mosaicism. **(C)** The measured head circumferences in centimeters of the six individuals are plotted on the growth curve, indicating profound microcephaly. **(D)** Brain magnetic resonance imaging (MRI) findings of the six individuals. Five show pontine and cerebellar hypoplasia consistent with microcephaly and pontine-cerebellar hypoplasia (MICPH; OMIM #300749).

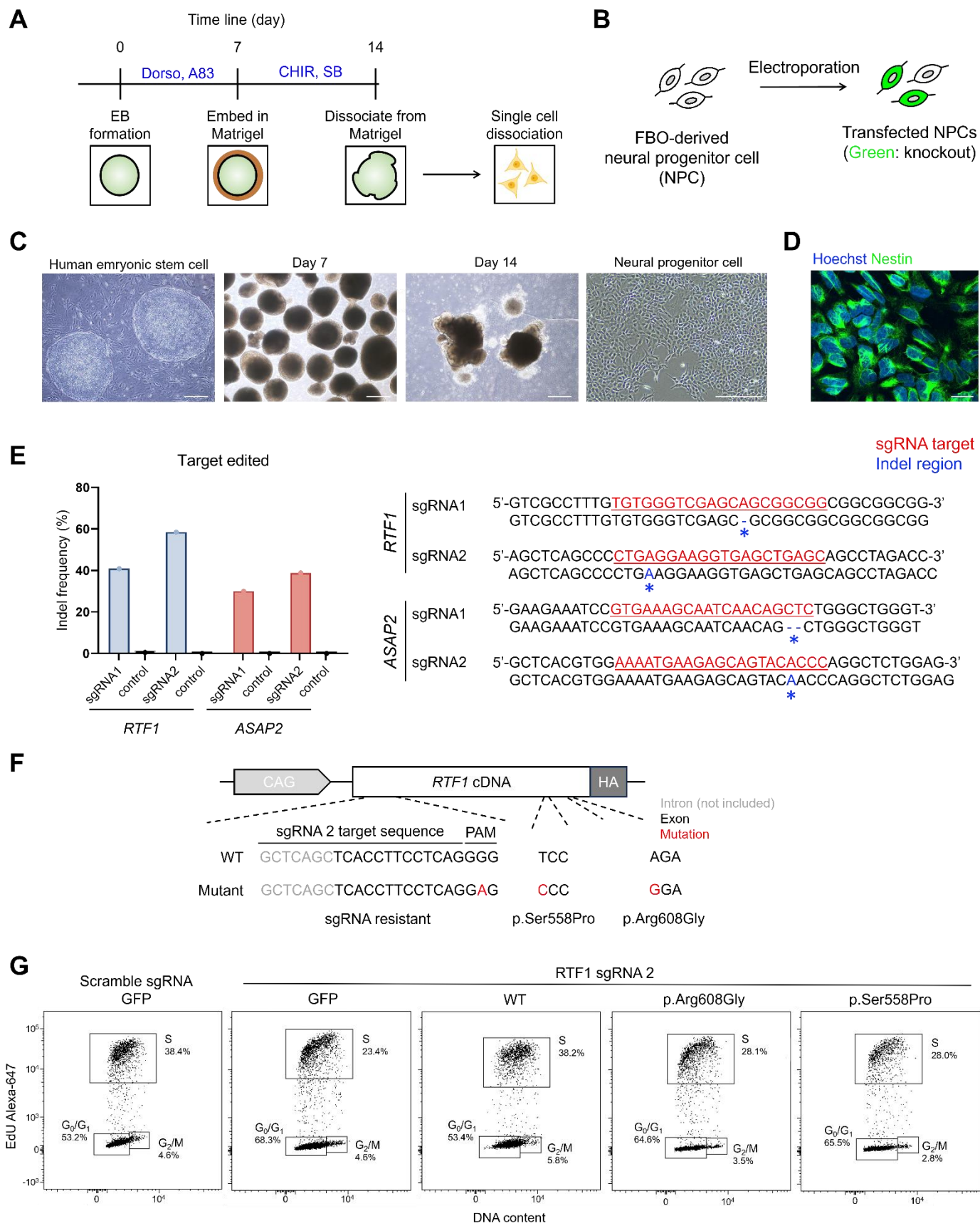


Fig. S7: Characterization of human forebrain organoid-derived NPCs and assessment of knockout efficiency post-electroporation.

(A) Schematic illustration of the generation of neural progenitor cells (NPCs) from human forebrain organoids (FBO). **(B)** Schematic illustration of the FBO-derived NPC electroporation procedure. GFP labeling indicates cells co-electroporated with Cas9 and sgRNA-expressing plasmids. **(C)** Bright-field images showing human embryonic stem cells in feeder-dependent culture, embryoid bodies (EB), brain organoids at Day 14, and NPCs derived from forebrain organoids (scale bar, 100 μ m). **(D)** Confocal image of NPCs stained with Nestin, a cytoskeletal marker specific for NPCs, confirming strong Nestin expression (scale bar, 10 μ m). **(E)** Analysis of indel frequency to assess the genome editing efficacy of Cas9 in DNA from sorted GFP⁺ cells post-electroporation. The left panel quantifies the frequencies (%), while the right panel illustrates the most prevalent indel regions within the sgRNA target sites of *RTF1* and *ASAP2*. Original sequences with target sites highlighted in red are shown above, and genome-edited sequences and indel mutations highlighted in blue are shown below. **(F)** Schematic of the piggyBac transposon-based vector containing sgRNA-resistant *RTF1* cDNA. The degenerate mutation within the PAM sequence is indicated in red. **(G)** Representative flow cytometry plots showing cell cycle phase distribution in NPCs. Overexpression of wild-type (WT) *RTF1* restored S-phase entry, whereas patient-derived variants (p.Arg608Gly and p.Ser558Pro) exhibited diminished rescue efficiency.