

Please check the examination details below before entering your candidate information

Candidate surname		Other names	
Pearson Edexcel International GCSE		Centre Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Candidate Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Monday 3 June 2019			
Morning (Time: 1 hour 30 minutes)		Paper Reference 4HI1/01R	
History Level 1/2 Paper 1: Depth Studies			
You must have: Questions and Extracts Booklet			Total Marks <input type="text"/>

Instructions

- Use **black** ink or ball-point pen.
- **Fill in the boxes** at the top of this page with your name, centre number and candidate number.
- Answer **any two** questions.
- Answer the questions in the spaces provided
– *there may be more space than you need.*

Information

- The total mark for this paper is 60.
- The marks for **each** question are shown in brackets
– *use this as a guide as to how much time to spend on each question.*

Advice

- Read each question carefully before you start to answer it.
- Check your answers if you have time at the end.

Turn over ►

R62906A

©2019 Pearson Education Ltd.

1/1/1/1

Answer TWO questions.

You should spend about 45 minutes on each question.

Indicate your first question choice on this page. You will be asked to indicate your second question choice on page 6.

Indicate which question you are answering by marking a cross ☐. If you change your mind, put a line through the box ☒ and then indicate your new question with a cross ☐.

Chosen question number: **Question 1** ☐ **Question 2** ☐ **Question 3** ☐
 Question 4 ☐ **Question 5** ☐ **Question 6** ☐
 Question 7 ☐ **Question 8** ☐

(a)

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

(b)

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

(c)(i) **OR** (c)(ii)

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

(Total for Question = 30 marks)

Indicate your second question choice on this page.

Indicate which question you are answering by marking a cross ☐. If you change your mind, put a line through the box ☒ and then indicate your new question with a cross ☐.

Chosen question number: **Question 1** ☐ **Question 2** ☐ **Question 3** ☐
 Question 4 ☐ **Question 5** ☐ **Question 6** ☐
 Question 7 ☐ **Question 8** ☐

(a)

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

(b)

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

(c)(i) **OR** (c)(ii)

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

(Total for Question = 30 marks)

TOTAL FOR PAPER = 60 MARKS

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

BLANK PAGE

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

BLANK PAGE

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA

BLANK PAGE