Sustained settlement of Canada by Europeans began in the St. Lawrence Valley, where the colony named “le Canada” stretched over 500 km from Quebec City to present-day Montreal. From its founding in 1608 by Samuel de Champlain, the colony grew modestly until 1663, when the King of France, Louis XIV, and Jean-Baptiste Colbert, his minister of finance, instituted measures for the colony to grow through natural increase. Male immigrants dominated the colony in its early years, creating a severe sex ratio imbalance. However, between 1663 and 1673, the arrival of 716 filles du roi — French women whose immigration was financed by the King — allowed marriages and families to form in more significant numbers. By 1760, the population had risen to 70,000. Considered a founder population, a population deriving from a small initial influx of immigrants, present-day Quebeccois who trace their origins to the French colonists are descended from just 8,573 men and women who married, had children, and whose children married in turn.

A family reconstitution database of the Quebec Catholic population, the Registre de la Population du Québec Ancien (RPQA), allows us to trace the growth of this population throughout the French and British colonial period. The Quebec population was long considered exceptional because of its very high fertility: Married women bore on average seven to eight children, while women who lived a complete reproductive period could have 11 children. Since the inception of the RPQA database, scholars have emphasized the exceptionalism of this population in terms of comparatively generous land availability for new farm establishment, concomitantly large proportions of children marrying, and high fertility. More recent research, while confirming these trends, now emphasizes the differentiation of patterns. Such research has shown that while most Quebec youths married, eldest daughters had the highest propensity to marry and married the fastest, and about three-quarters of Quebec children married in birth order. Through high fertility and intermarriage, Quebec families developed dense kinship networks: Nearly a quarter of families married their children in exchange marriages in which brothers and sisters married siblings from the same family. Fertility and mortality were intimately intertwined in this population. Mothers who bore the largest number of children also experienced the highest infant
losses; on the other hand, women gave birth to their last child on average at age 40, and a late age at last birth was associated with an older age at death.

Over the course of the 18th and early 19th centuries, the Quebec population experienced increased pressure and risks. While adult mortality remained stable, the growth of the colony and circulation of its inhabitants resulted in rising infant mortality, which increased from 50 to 100 per thousand before 1700 to 250 to 300 per thousand in the period 1750-1775. The colony passed from control of the French crown to the British in 1760, joining Nova Scotia. Several thousand immigrants to Nova Scotia and the newly-formed colony of New Brunswick arrived from the New England colonies, both before and after the American Revolution, with an African-American community established in Nova Scotia. Meanwhile, the Quebec population continued to grow exponentially. English-speaking immigrants from the United States also began to settle parts of present-day Quebec and Ontario, while Nova Scotia and Prince Edward Island’s populations were boosted by British immigrants, particularly Scottish Highlanders. The new colony at Red River likewise grew from Scottish sources in these years. Following the War of 1812, the colonies of Upper and Lower Canada began to receive more British immigrants in general.

Despite these important inflows, childbearing was an important source of Canadian population growth during the 19th century. McInnis estimates that between 1811-1861, when Canada grew from 511,000 persons to 3,175,000 persons, 84% of population growth was on account of natural increase — which makes natural growth more important than immigration. Quebec’s population itself increased thirteen-fold from 1761-1851; at the same time, the mean size of farms declined by a third. Children who could not launch a farm household instead moved to cities or to the United States. From 1840-1940, Lavoie estimates that one in ten French Canadians emigrated to the U.S., of whom about two-thirds headed to New England.

Sources of growth were countered by significant mortality rates. Infant mortality levels across 19th century Canada differed on the basis of urban-rural residence and francophone and anglophone identity. The infant mortality rate for all of Quebec (190 per thousand) was higher than that for Ontario (115) as well as New Brunswick (132, excluding Saint John), Nova Scotia (120, excluding Halifax) and Prince Edward Island (116). Rising population density in Montreal and Quebec City created a sharp urban-rural contrast in death rates within Quebec, with as many as 285 infant deaths per thousand births in Montreal.

Although fertility was relatively high in mid-19th century Canada compared to European countries, it began to fall during the last third of the 19th century. Married couples began to limit their childbearing; in Ontario, declining marital fertility has been linked to urban development and land availability. More recent research on Quebec demonstrates class and ethnic differentials in childbearing behaviour, with French Canadian married women manifesting higher fertility than their Quebec anglophone counterparts. Yet, among French Canadian women alone, those living in medium-sized and large cities had lower fertility than rural French Canadian women. Intensive historical demographic research on Montreal has demonstrated further important cultural differentials in demographic behaviour. By 1901 in Montreal, the total fertility rate, or the average number of children a woman would bear, with all married or unmarried women included in the measure, was 5.6 for French Catholics, 3.6 for Irish Catholics and 3.9 for Protestants. The earlier age at marriage of French Catholic women accounted for this ethnic differential: the percentage of women aged 20 to 24 who were married in Montreal during the 1890s was 43% for French Catholics, 32% for Irish Catholics, and 27% for Protestants. These analyses portray a set of distinct ethno-religious demographic regimes within the city which, with further research, could
potentially be generalized to the broader Canadian population.

Following Confederation, Canada expanded its territory to the Pacific coast; whereas the 1871 Census of Canada enumerated the populations of New Brunswick, Nova Scotia, Quebec, and Ontario, the 1881 Census of Canada encompassed provinces from British Columbia to Prince Edward Island (PEI). By 1901, the population numbered 5,371,000 and the country had undergone significant urbanization, with rapid growth in Montreal and Toronto and the emergence of new cities to the west including Vancouver and Winnipeg.18 The first decade of the 20th century was marked by a rate of immigration that was 2.8% of the average population; according to McInnis, immigration in this decade was “one of the most pronounced episodes experienced by any nation in recorded world history.”19 These new immigrants helped to populate the new western provinces, and by 1921, when Canada numbered 8,788,000 persons, more than 25% of Canada’s population was living in BC and the Prairie provinces.20 During these years, marital fertility in Canada continued to decline, but an increase in the proportion of women marrying offset this trend.21 Canadians suffered some 50,000 deaths from the Spanish flu epidemic of 1918-19, notably in the age group 20 to 40 years.22 But more generally, infant mortality in Canada fell after 1910 on account of improved sanitary practices, the creation of pasteurized milk distribution stations, and the promotion of cleanliness in the care of infants.23 Thus, western development, high immigration, rapid urbanization, and declining fertility and mortality set the stage for “Canada’s century.”

Exercise: Think Like a Historian

The Manuscript Census

For anyone interested in demographics, family reconstitution, community histories, occupational mobility, and many other population behaviours, the census-takers’ manuscript record is invaluable. As well, they provide information on people who generally didn’t leave other kinds of records behind; children, prisoners, and immigrant enclaves — like the Chinese — are all covered.
The job of census-taker was a small piece of patronage that was handed off to a party loyalist attached to the local constituency. There were, necessarily, hundreds of census-takers in late 19th century Canada, each one facing particular challenges, applying idiosyncratic methods, and demonstrating varying levels of conscientiousness. In 1891 the census-taker in Kamloops asked his bosses in Ottawa what he should put in the 'occupation' category when it came to sex trade workers (aka: prostitutes, brothel keepers, and a half dozen other euphemisms). The reply he received tells us a lot about late Victorian sensibilities: write them up as “dressmakers.” As a result, one can find in many towns of the far west what looks like a substantial textile industry.

The manuscripts were transcribed into aggregate data and published as the decennial Canada Census. Century-long — and then 90-year long — restrictions on access to the manuscripts meant that we are only now able to access 1911 data here. (The 1921 records have been farmed out to Ancestry.ca.)

Take a look at these examples from 1891. The Vipond household in Nanaimo is a big one and includes Jane and George’s son-in-law (although their eldest daughter appears to be missing). What does the record reveal about migration, religion, occupation, fertility, and birth intervals? The second block shows three neighbouring coalmining households headed respectively by Cuthbert, Cornish, and Scales. Tragedy has struck these people. The Elliott children have evidently been adopted by the Cuthberts, as has one of the Cornish children, Mamie, whose mother (born in Mauritius) has apparently died, leaving Thomas a widower and able to manage only three children on his own. One of those children, William Cornish, is 14 and working in the mines – not as a labourer but as a “miner,” which indicates he’s been doing this for a while. Hannah and David Scales have taken in Mamie’s sister Lily. What we’re seeing here are survival strategies. What else is visible? Religious affiliation (“C.E.” denotes Church of England, “Meth.” is Methodist, “Presb.” is Presbyterian, “S.A.” = Salvation Army), birthplace, occupation. Make a list of the ways in which identities congeal, intersect, are transmitted from generation to generation.

Key Points

- Population growth under the French regime and between 1763 was principally driven by natural growth (that is, high marital fertility).
- Following a rush of immigration to Nova Scotia and Upper Canada, childbearing resumed its position as the leading source of growth.
- Mortality rates were high in pre-Confederation Canada, especially infants.
- Canada began the process of a demographic transition to lower fertility around the time of Confederation.
- By the early 20th century, immigration, urbanization, and the opening for resettlement of the Prairie West and British Columbia changed the character and distribution of the population.

Attributions

Figure 1.2
[1901 Winnipeg, Manitabo, Canada census by Valorc is in the public domain.](https://human.libretexts.org/Bookshelves/History/Book%3A_Canadian_History_-_Post-Confederation/01%3A_Prologue/1.3%…)


11. Ibid.: 379.


20. Ibid.: 539.

